Clinical Lecture

ON THOSE

SYMPTOMS IN WOMEN WHICH POINT TO THE EXPEDIENCY OF INSTITUTING LOCAL EXAMINATION.

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Disorder of function—Distant and constitutional reactions—The subjective signs of local disease indicate appeal to objective signs—Comparison of study of disease of pelvic organs to that of skin and eye—Disturbance of functions of ovaries, uterus, and vagina—Amenorrhœa, real and occult; Menorrhagia; Dysmenorrhœa—Dyspareunia—Retention of urine—Sterility—Abortion—Discharges, sanguineous, mucous, purulent, albuminous, watery, fleshy, membranous—Pain, lumbodorsal, inguinal, pelvic.

THERE is nothing special in the mode of studying the diseases of women. Just as the ophthalmic surgeon is led to examine the eye because the patient complains of loss or disturbance of its function, or because he feels pain in it, or has some other subjective symptom referred to that organ, so by disturbances of function or some other subjective sign are we led to the discovery of disease of the sexual organs. When the function of an organ is disturbed, the *primâ facie* inference is that the organ itself which constitutes the mechanism by which that function is performed is out of gear. This is not indeed always absolutely true; because an impaired state of the blood, or disordered innervation, or derangement of a different organ, may entail the functional disorder which arrests our attention. The genital organs are no exception to this proposition. The functions of the ovaries, uterus, or vagina may be seriously deranged by a state of anæmia or blood-poisoning, by disease of the nervous centres, by disease of the heart, lungs, or liver. These functions may be even more seriously affected by mechanical pressure in contiguous parts. Still the fact remains that we can hardly appreciate rightly or successfully treat these primary or correlated diseases if we do not take into careful consideration the state of the genital organs themselves. The general or distant affections require to be investigated and treated; but it is not safe to overlook the organs that may be secondarily involved.

It is needless to say that every woman who is ill and seeks advice does not suffer from disorder of the sexual system. She may labour under various constitutional disorders, and under disorders of parts of the body quite independent of the sexual system. On the other hand, general or local disorders may in their course react upon, and induce disorder in, the sexual system. And there are disorders of this special system, commencing in it, and in their turn reacting upon, and inducing disorder in, distant organs or in the general system.

These inter-reactions are exceedingly frequent. Indeed, it may be affirmed that no severe constitutional disorder can long continue in a woman during the predominance of the ovarian function without entailing disturbance in this function. And the converse is also true, that disorder of the sexual organs cannot long continue without entailing constitutional disorder, or injuriously affecting the condition of other organs.

These facts point to the necessity of guarding against the error of fixing our attention too specially upon one particular class of symptoms or upon one organ. Whilst searching out the part which is more especially the seat of diseased action, we must be careful not to overlook possible disease elsewhere, and not to neglect to observe the mutual reactions. The clinical physician, although led by the intuition of experience to seize quickly upon the offending part, will not omit to pass under review the state and working order of the other parts. In this manner most important complications are often brought most unexpectedly to light; and in every case some useful indication in treatment is discovered. The late Professor Chomel, a man of admirable skill, sagacity, and judgment, never failed, when a new case of disease came under his care, to interrogate successively every function. Thus, I have seen him in a case of pneumonia, the signs of which at once arrested attention, proceed nevertheless to explore the abdomen, the uterus, and the rectum. This may look like carrying out a principle to extremes. Yet who shall say that Chomel, as a clinical teacher or as a physician, was wrong?

It is not, indeed, necessary, in ordinary practice, to follow out in rigorous completeness the plan which to the clinical professor may seem desirable. It will therefore be useful to ascertain *what are the leading symptoms which, alone or grouped, indicate such disorder of the sexual organs as to call for direct exploration.*

This is the question we have set before us: When a woman presents herself, complaining of certain symptoms, chiefly subjective, some, or perhaps none, referred to the pelvis, how are we to act? Will these subjective symptoms enable us to refer them to their cause, to establish a diagnosis, to give satisfactory indications for treatment? Hardly. We must therefore call to our aid the objective signs; we must weigh and determine the significance of these before we can arrive at a conclusion at all precise or trustworthy as to the underlying pathological condition. The whole tendency of modern medicine is to subject every organ which manifests functional disorder to direct physical exploration, in order that it may solve the question presented obscurely by the subjective signs. The sound, the probe, the stethoscope, the laryngoscope, the otoscope, the ophthalmoscope, the various forms of speculum, are only so many contrivances for enabling us to project or extend the senses of touch, sight, and hearing into the internal structures. In the case of the skin, all is at once exposed to direct observation; and, as Alibert remarked, we should be glad to have the same advantage in investigating and treating the diseases of the heart, lungs, liver, kidneys, and nervous centres. Why is it that the study of the pathology of the skin and of the eye is invested with such fascinating interest? Those who devote themselves with the greatest zeal and success to this study will tell you that it is because the skin and the eye reveal their condition directly to the senses, and thus furnish not only positive objective signs which the patient can neither suppress nor misrepresent, but also because in this direct observation of the skin and eye they can read and follow as on a map or on a telegraphic dial the working of distant organs and of many affections of the general system. Here, then, you see how the reputed special practitioner, turning to account his special experience, often acquires an insight into general pathology denied to those who neglect the lessons they might read upon the visible organs.

This advantage we possess to a great extent of perfection in the case of the pelvic organs. It is by the proper use of this advantage that so great a degree of precision in knowledge, and of success in treatment of diseases of women, has of late years been attained.

And there is one property in a high degree characteristic of the instruments employed in the investigation of the diseases of women of such singular value that it ought to completely silence the objections at one time so passionately urged against them. It is this: the instruments have a therapeutical as well as a diagnostic application; the speculum, for instance, revealing a lesion of the cervix uteri, enables the surgeon at once to apply his remedy. Thus treatment follows upon the track of diagnosis, one sitting and one operation serving for both.

Here then, as in medicine generally, our first indication of the direction in which we have to look for the disease which causes the patient to complain, lies in the disturbance of function. We have then to consider what these functions are. The first in importance, because it is continued with occasional interruptions throughout the period of active sexual life, is *menstruation*. The other functions are incidental to married life only; these are *the relation to the other sex, pregnancy*, and *lactation*.

Most of the diseases which attack the ovaries and uterus, whether primary or secondary, entail some disturbance in

the menstrual function. The flow is diminished or in excess, or its periodicity is deranged. It is attended with pain in the pelvic organs and other nervous phenomena.

We shall discuss the history of amenorrhœa, menorrhagia, and dysmenorrhœa hereafter. Our object now is simply to determine the conditions which suggest local examination. In the great majority of cases of *amenorrhœa* in single women, no local exploration is necessary; but in some cases it becomes imperative: for example, amenorrhœa is sometimes presumptive only—that is, the secretion takes place, but owing to some imperfection of structure it is retained in the cavity of the uterus or vagina. This may be called *occult menstruation*. The suffering becomes urgent in the highest degree, and nothing short of an operation which shall liberate the retained secretion will save the patient. Some cases again of suppressed menstruation, leading to effusion of blood behind the uterus, setting up circumscribed peritonitis, and displacing the uterus so as to press upon the bladder, may cause retention of urine. Here again local examination is imperative. This may be said of every case of retention of urine. In almost every case of retention of urine in women the cause is external to the bladder, and in the great majority it is due to some disease or displacement of the uterus.

Menorrhagia is a relative term; that is, some women lose much more than the average without suffering in health; but whenever the loss continues profuse, obviously entails anæmia and general debility, and persists in spite of internal remedies, local examination is clearly necessary. We shall often find a sufficient local cause in polypus, tumour, inflammation, congestion, hypertrophy, displacement, or malignant disease, all of which conditions require local treatment.

When we come to study the history of *dysmenorrhœa* we shall find abundant proof of the almost constant association of this disorder with a mechanical condition of the uterus impeding the easy performance of the function. So long, however, as the distress does not clearly affect the general system, so long as it does not exceed endurable bounds, and if it appears to be moderated by general remedies, it is not necessary to examine; but, in the contrary event, examination should not be long postponed. To postpone examination is to postpone discovery of the cause and effective treatment. This is more especially imperative in the case of a married woman in whom dysmenorrhœa is complicated with dyspareunia and sterility. Abortion, if not primarily depending upon some local disease or displacement of the uterus, is so very likely to be followed by some such condition that an examination should be instituted. If a sanguineous discharge, even periodical, resembling menstruation, goes on during lactation, especially if it be excessive in quantity and attended by leucorrhœal discharge, it may be almost confidently predicated that there exists some uterine disorder requiring local treatment.

I have used a new word, "*Dyspareunia*." It is incumbent upon everyone who coins a new word to explain its meaning and to justify the innovation. Just as the word "dysmenorrhœa" has been coined in order to express compendiously the condition of difficult or painful menstruation; just as "dyspepsia" is used to signify difficult or painful digestion,—we want a word to express the condition of difficult or painful performance of the sexual function. Such a word would be convenient in many ways. It would enable us to avoid the longer and coarser forms in use, by substituting a single word at once euphonious, expressive, and in harmony with medical language. After consulting with my colleague, Dr. W. H. Stone, whose high classical attainments give authority to his advice, I have determined to adopt the word "dyspareunia." It is derived from δυσ-άφευρος, a word used in this sense by Sophocles. However disagreeable the topic may be, it is impossible to escape reference to a function so important. Dyspareunia in the female is perhaps the most absolute of all the indications of local malformation or disease. It calls the most imperatively for local examination as to its cause. In its milder forms it may make the sufferer's life a course of physical and mental wretchedness; in its severe forms it virtually unsexes her; and in any form it may lead to the most disastrous social calamities.

Taking this condition, dyspareunia, as a symptom of disordered function, we shall be astonished, when we proceed to direct examination of the organs concerned, at finding how many those causes may be, and what a wide field of pathological inquiry is associated with it. For example, there may be original defect or malformation; there may be obstructing tumours or growths, inflammation, dislocation or altered form, disordered innervation,—in short, almost every disease to which the sexual organs are liable may entail dyspareunia for one of its consequences; and in not a few of these diseases disregard of this symptom may entail positive danger.

The existence of *certain discharges*, such as blood, under conditions of quantity and times of occurrence which distinguish it from normal menstruation, mucus, pus, albuminous, aqueous, fleshy, or membranous, if at all protracted, point clearly to some local disorder as their origin which requires direct exploration.

Then there are some subjective signs, as pain, lumbo-dorsal, iliac, pelvic, or crural, and a sense of bearing down or pressure upon the rectum or bladder, entailing disorder in the function of these organs. These, especially if connected with abnormal discharges and other symptoms, call distinctly for local investigation.

Then we must observe the constitutional or remote effects of the foregoing conditions. Disorder of the pelvic organs seldom goes on long without entailing anæmia, disordered digestion, hyperæsthesia, neuralgia, or other manifestations of nervous derangement or prostration. Where these conditions are observed in association with marked signs of derangement of function of the pelvic organs, the necessity for exploring the physical state of these is as clear as is that of examining the state of the heart or lungs when these organs perform their function with distress, and the whole system suffers.

Such, then, is a summary view of the conditions, chiefly subjective, which point out to us the desirableness of instituting direct observation of the pelvic organs. This direct observation commonly enables us to analyse the groups of subjective symptoms; to determine the cause and significance of each, separately and collectively. It always brings to our assistance the discovery of other symptoms, entirely objective; and almost always puts it in our power to apply the proper treatment.

The study of the significance of the several symptoms of pelvic disease, subjective and objective, we shall enter upon on a future occasion.

ON THE

FUNCTIONS OF THE SYMPATHETIC SYSTEM OF NERVES, AS A PHYSIOLOGICAL BASIS FOR A RATIONAL SYSTEM OF THERAPEUTICS.

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THE studious research which has occupied the minds of many physiologists of late years, relative to the special functions of the sympathetic system of nerves, has induced me to enter the list of inquirers; and although I can only claim, as a qualification for the task I have undertaken, a somewhat extensive course of dissection, not only of the human subject, but of the lower animals, together with the possession of numerous facts accumulated by the observations of others, and which I have in common with every physiologist, I venture to offer such generalisations as will, I trust, lead to more positive knowledge than we now possess.

In the first place, I have long thought that there is great significance in the fact that every sympathetic ganglion is connected with both motor and sensory nerves, as well as with its own special nerve-fibres (the so-called nerves of Remak).

Thus the superior cervical ganglion, in addition to the fibres of the sympathetic proper, receives branches from the three or four upper cervical nerves: one branch from the hypoglossal, one from the pneumogastric, and one from the glosso-pharyngeal.

Its affiliated ganglion, the petrosal, has a branch given

off to it from the facial nerve, and one from the glosso-pharyngeal.

When the carotid ganglion exists in the cavernous sinus, it invariably receives a branch from the sixth nerve, and one from the vidian nerve, proceeding from Meckel's ganglion.

The lenticular ganglion has a communicating branch from the motor oculi (the third), and one from the nasal branch of the ophthalmic nerve.

The otic ganglion receives a branch from the motor branch of the inferior maxillary nerve, one from the facial, and one from the glosso-pharyngeal.

The spheno-palatine ganglion, or the ganglion of Meckel, communicates with the facial nerve, through the intervention of the vidian nerve, and with the superior maxillary nerve.

The submaxillary ganglion has a communicating branch from the hypoglossal and chorda-tympani combined, and one from the gustatory nerve.

The middle cervical ganglion receives combined motor and sensory nerves from the second, third, fourth, fifth, and sixth cervical nerves.

The inferior cervical ganglion has also communicating with it branches from the seventh and eighth cervical and first dorsal nerves; it acquires branches likewise from the phrenic and lower laryngeal or recurrent nerves, the latter consisting of sensory fibres from the vagus.

The cardiac ganglion is formed by the cardiac nerves from opposite sides, which contain fibres from the cerebro-spinal system; also by branches from the main trunk, and from the recurrent division of the pneumogastric.

Each of the thoracic ganglia receives two communicating branches from the corresponding spinal nerves.

The semilunar ganglia are formed chiefly by the great splanchnic nerves, the phrenic, and the pneumogastric nerves.

The renal ganglia receive compound branches from the lesser splanchnic and the lumbar nerves.

The lumbar ganglia have each two communicating branches from the spinal nerves.

Finally, each of the four pairs of sacral ganglia and the terminal ganglion on the coccyx receives two communicating branches from the spinal nerves.

The same combination of motor and sensory nerve-fibres obtains in every plexus formed by the sympathetic system. They are not very abundant, however, in the mesenteric plexuses, but they exist nevertheless. In the hypogastric plexuses they abound, as they do in the parotidean plexus, likewise in the inferior and uterine, which receive two or three branches each from the sacral nerves.

An interchange of fibres takes place between each pair of ganglia in the main cords of the sympathetic system and the corresponding spinal nerves. White nerve-fibres proceed from the spinal cord to the ganglia, and grey nucleated fibres proceed from the ganglia to the spinal cord; and it has been shown by Kölliker that in man and the higher animals more grey fibres pass from the ganglia to the cord than white fibres from the cord to the ganglia. He also confirmed an observation made by Dr. Beck, that the grey fibres give off minute branches to the bloodvessels in their passage to the cord. The remaining branches have been traced by Müller both to the anterior and posterior roots of the spinal nerves.

It is this interchange of fibres, probably, which determines the position of the principal sympathetic ganglia in the immediate vicinity of the spinal cord.

Each ganglion consists of cellular and fibriform substances, surrounded by a comparatively dense tissue, which is a continuation of the so-called sheath of Schwann.

The structure of the ganglionic cells has been carefully studied and described by Dr. Lionel Beale as possessing the same general character in all animals.*

The substance of the cell consists of more or less granular material, and near the fundus there is a large circular nucleus, with its nucleolus. The size of the cell with its investing membrane, which is also a continuation of the sheath of Schwann, is about the 0·060 of a millimeter in diameter; the granular matter may have a diameter of about 0·030 of a millimeter; the nucleus, of about 0·012; and the nucleolus, of 0·002.

In the centre of each cell the granular matter gradually assumes the form of a nerve-fibre, which projects to constitute a process or pole of the cell, and is continued outwards in the form of what Dr. Lionel Beale has called the straight fibre. At the circumference of the cell the granular matter also assumes the form of a nerve-fibre, and projects in close proximity with the pole of the straight fibre, around which it winds in a spiral manner. These latter, or spiral fibres, according to Beale, after having surrounded the straight fibres, are continued in a direction parallel with them for a short distance; but eventually turn and take a course diametrically contrary to that taken by the straight fibres. Both straight and spiral fibrils can be shown to be continuous with the granular matter of which the body of the cell is composed.

In the sympathetic ganglia unipolar cells also exist, each one appearing to be a mere enlargement of the axis-cylinder of the nerve; but it may contain many nuclei and nucleoli.*

On emerging from the ganglia the nerve-fibres have a very complicated and intricate arrangement; but it is enough for our purpose to be certain of the continuity of the several nerve-fibres with the unipolar or multipolar cells. Dr. Beale, in the paper above referred to, asserts that nerve-cells are always connected with nerve-fibres; and Max Schultze endorses the fact by the statement that the processes of cells are nerve-fibres, as was first observed by Remak in the vertebrata, and by Helmholtz among the invertebrata.†

Valentin and Bidder originated a doubt relative to the nature of the so-called grey fibres; Bidder supposed them to be a variety of areolar tissue; but they are now generally accepted as nerves, and are recognised as such under the several names of nuclear fibres, fibres of Remak, non-medullated sympathetic fibres of Max Schultze, and gelatinous fibres of Henle.

Remak, in his essay on multipolar cells, maintains that these bodies in the main cords of the sympathetic become continuous, by means of their caudate processes, with the axis-cylinders of both the broad and fine cylindrical white nerve-fibres, and with the gelatinous grey fibres. It may therefore be affirmed that every form of nerve-fibre in the ganglia is connected and continuous with the ganglionic cells.

Every ganglion thus possesses all the elements of a nervous centre; and the researches of physiologists tend to confirm the inference that such, in effect, is the case; and that each, in its own sphere, is capable of receiving, transmitting, originating, and reflecting impressions on which the healthy functions of the organs to which its nerves are sent depend.

The question relative to the manner in which nerves terminate is an exceedingly interesting one; and if the sympathetic nerve-fibres could be unequivocally traced to the special tissues wherein they end, a fair inference might be drawn as to their function. Some have been followed to their peripheral extremities by Dr. L. Beale, and he has described them as distributed over the walls of vessels. Dr. Tyson, of Pennsylvania, has endorsed his views; and Professor Eberth, of Zurich, has demonstrated the presence of nerves in the coats of all vessels, the capillaries excepted, even in the tunica adventitia of the non-muscular veins of the pia mater. And these, be it observed, *partly consisting of dark-edged, and partly of pale fibres*, which break up after they have penetrated the tunica adventitia into a fine network.‡

There can be little doubt, however, that the sympathetic nerves also stand in intimate relation to the secreting cells of glands. Their distribution in the salivary gland has been described by Pflüger.§ In this organ the dark-edged or medullated nerves constitute the greater number and accompany the salivary tubes, perforate the membrana propria, then divide into innumerable fibrils, each of which becomes continuous with a salivary cell. The pale or non-medullated nerves are composed of extraordinarily fine fibrils, each of which is continuous with the fibrillated substance of the epithelial cells.

Such being the anatomical relationship subsisting in the so-called sympathetic system of nerves, much circum-

* Philosophical Transactions, 1863, vol. cliii., p. 539.

* Human and Comparative Histology, by Stricker, translated by Mr. H. Power for the New Sydenham Society. — General Characters of Nervous Tissue, by Max Schultze, p. 175.

† Ibid., p. 174.

‡ Stricker, op. cit., vol. i. p. 266.

§ Ibid., vol. i., pp. 433-448.

spection is necessary in drawing conclusions from experiments, seeing that the cerebro-spinal nerves are intimately commingled with the nerves of Remak, all running parallel to each other.

I may observe incidentally that such compound nerves appear to fulfil all the conditions which are said to be necessary for what is called electro-tonus (a state whereby one nerve is rendered active by the activity of another in close proximity with it), and many phenomena which I may have to adduce seem to point to such influence; but I shall endeavour to confine my remarks to such experiments and observations as have reference to single nerves only.

This, however, can be done in no other way than by comparing the phenomena induced and presented by the cerebro-spinal nerves alone, with such other phenomena as are produced by the special agency of the fibres of Remak, and by investigating in what respect the mode of action of the one set differs from that of the other; for we may assume that nature is too good an economist to endow the fibres of one with attributes possessed by the other when included in the same nerve.

It is very probable that all may be in some degree modified; and it is difficult to conceive why the ganglionic cells are the connecting media between the three sets of nerves if some change of function be not the result. In illustration of this, the sensory nerves appear to lose much of their peculiar sensibility, as we recognise it in their ordinary impressions on the brain, when they proceed from an organ to a ganglionic centre of the sympathetic system; and if so it follows that, by virtue of the reciprocal action which sensitive and motor nerves exercise on each other and on the organs to which they are distributed, the motor fibres must be invested with properties derived from the modified sensitive nerves.

What, then, is the special function of each different form of nerve-fibre respectively which goes to or proceeds from every ganglionic centre?

With the view to an explicit answer to this question, the most obvious method is to select from the three forms of nerve-fibre the single one which is invariably associated with a peculiar phenomenon, and without which that phenomenon does not occur. The logical "method of difference," in effect, is that which I shall endeavour to pursue.

(To be continued.)

ON THE AIMS AND DUTIES OF MEDICAL SOCIETIES.

An Address to the Members of the Salisbury Medical Society, delivered September 13th, 1871.

BY WM. MARTIN COATES, M.R.C.S.,
PRESIDENT OF THE SOCIETY.

GENTLEMEN,—A sincere desire to give an impulse to the success of our young Society has been my motive for addressing you, at the first meeting after my election as president, on some of the advantages and aims of Medical Societies, and on the duties of their members.

It will be admitted by all that foremost among the legitimate aims of such bodies are the advancement of our art and our mutual improvement. To attain to these ends, each of us must throw himself with vigour into the matter, and, by reading papers, relating cases, and entering with heartiness into the discussions, give life and colour to our meetings. If everyone would do this, each would be rewarded by adding to his own store of knowledge, whilst increasing that of his friends; and by a consciousness that he, at one and the same time, had raised the character of his own calling and benefited his fellow-men. This, the scientific function of these Societies, is their keystone, without which they must fall to pieces.

We have already felt most agreeably the social advantage of bringing some thirty or forty medical practitioners together with a common and good object. I believe sincerely that this Society has already improved the tone and increased the good fellowship of the profession in these parts. It has, in addition, saved us from that isolation to which every one of us must have felt himself condemned by the want of some uniting medium. That this influence may continue, and that our Society may, as every healthy living thing must, grow from a promising infancy up to a vigorous youth and manhood, is my earnest aspiration.

That this may come, each member must throw himself into the movement with heartiness, and work as if all depended upon himself. In this, as in all things, I feel the force and truth of the words of a great writer. "Tell me," he said, "with what earnestness a man pursues an object, and I will tell you the amount of interest I feel in him."

So far I have chiefly considered the duties of the members of Medical Societies; let us pass to those of the Societies.

The most important of these is the aiding with all their might and influence sanitary improvement. I admit, with pride and thankfulness, that every movement tending to the amelioration of the people's health has been begun or supported by the medical profession, cheered on by the medical press; but two important matters have come before Parliament in which I do not think our profession has been sufficiently active: one, the Habitual Drunkards Bill; the other, the Contagious Diseases Acts.

How far the Habitual Drunkards Bill would have met and conquered the evil against which it was directed, or whether or not its details were so complete as to make it work well, I do not know; but that it was a movement in the right direction, we, as medical practitioners, must all feel. For who of us has not been called to witness men and women, gifted, amiable, and loveable by nature, become, in consequence of indulgence in fermented liquors, physically diseased and mentally unfit for their work? Who of us has not tried to avert by reasoning and persuasion their certain ruin of soul, body, and in substance? Who has not felt despair at the seemingly useless task? And who has not lamented the absence of provision for aiding, encouraging, or compelling those who had not as yet so steeped themselves in this terrible vice as to be beyond hope of reform? The Bill proposed by Mr. Dalrymple would probably have enabled us to make some permanent cures, thus saving the individuals from a certain, usually painful, and always degrading death, and many innocent families from want and misery. I have hitherto spoken only of those who *kill* themselves by intemperance; but we know that there are many miserable creatures, called dipsomaniacs, who have so absolute an absence of self-control that spontaneous abstinence from stimulants to a maddening amount seems impossible. These, if they do not die early, find themselves ere long in a lunatic asylum, but not usually before they have begotten children, whose inheritance of a tendency to insanity is too probable. Many of these unfortunates know and bewail their miserable weakness. To these, asylums similar to those we are told have been so successful in America would, we might hope, be of inestimable use in this country. It appears to me that such a Society as ours would be performing one of its legitimate functions were it to help forward such a beneficent measure.

Again, I fear that we have been to blame for supineness in the matter of the Contagious Diseases Acts; for it is currently reported that the ignorant, or rather insane, agitation against them, in spite of fact—which is truth in action,—will be ultimately successful. The despondent tone of the press, medical and lay, is ominous of this coming misfortune: a misfortune which would far surpass in its consequences the loss of many battles accompanied by pestilence and famine; for these latter evils would be temporary, whereas syphilis will, if the Acts be abolished, be a rapidly growing cause of disease, deformity, and death. Were this matter less important and urgent, I should have hesitated to enter into any details; but it would be criminal in me were I to desist, with my strong conviction of its urgency and importance.

Before giving the result of my own observation, I will read to you some extracts from the short but conclusive Report of the Select Committee appointed to consider and report upon the Act of 1866.

"According to the Registrar-General's returns, the deaths from syphilis, principally amongst children, had increased from 67 in the million of the population in 1861 to 94 in the million in 1865."

"The effects of this disease cannot be better stated than in the words of Sir William Jenner, who says—'I have

arrived at the conclusion that syphilis is one of the most fatal diseases that we have in this country; rather I should say, it stands very high among them; and every day's advance in our medical knowledge raises its position in that respect. Again, I think it is a disease entirely preventable. Children and other persons suffer largely from it, without any sin of their own; and therefore it ought to be prevented.'

"Some eminent medical witnesses also have stated that, from the action of this disease upon the general system and upon the vital organs, the progress of physical degeneracy among all classes may be apprehended in the absence of preventive measures."

"In no place in this country, except at Sheerness, has it been fully tested; but at Malta and in the Ionian Islands the principle of the Act has been applied with complete success. At Aldershot the Amended Act has been fully carried out for only two months, and already the decrease of cases among the troops has been nearly one-third. The isolated situation of Sheerness enables the provisions of the Act to be carried into effect, and, although it was formerly one of the most infected places, the disease is now almost obliterated, only two women having been reported as diseased during one month, and not one man during another."

"One of the most frightful circumstances of the existing state of things, wherever the Act does not apply, is that the infected woman, when she cannot be received into a hospital, is driven to ply her trade and spread the disease."

"It has been stated in evidence that the surveillance and examination imposed by the Act has tended to deter women from prostitution; and that when committed to hospital, the time for reflection, the religious instruction under which they are brought, and the kindness with which they are treated, have led many to abandon their evil course of life. In Chatham about 23 per cent., at Devonport about 30 per cent., during the year 1866, have returned to their friends or gone into reformatories."

Yet, in defiance of these facts, an ignorant agitation has so far succeeded as to induce a feeling of despair in the minds of the supporters of this beneficent legislation. The desire to get rid of this Act is felt by several classes, but the most active and important is a section of the religious world, which is conscientious, earnest, and influential. Their argument is that this terrible disease is sent by God as a punishment for the sin of impurity, that it is just that the sinner should suffer for his sin, and that it is impious to attempt to protect the sinner. I do not believe this, because were it sent by God, who is *the* Justice of the Universe, it would be more equitable in its operation. With your permission, I will, by the aid of cases and facts with which all of you are more or less conversant, examine this assertion of its being a judgment on the sinner.

Many years ago a post-boy came under the care of my father for primary syphilis. He infected his wife; she had primary, afterwards secondary, and lastly tertiary symptoms, and carried a large cicatrix on the forehead, the result of caries, to the grave. Soon after her marriage she became pregnant, and aborted many times; at last she bore a living child, a girl. This girl had a small annuity left her by a relative, which enabled her parents to send her to a good middle-class school. At fourteen years of age, while at school, two syphilitic ulcers broke out on one of her legs, which when healed left two as characteristic cicatrices as I ever saw. She married early, and had a very delicate child. The next child was born dead and putrid. The third presented, a few days after birth, characteristic symptoms of infantile syphilis, and died. This series of cases is, I believe, unique.

A young lad, the only son of a widow, many years ago was employed in a commercial house in London. He contracted, from one impure connexion, a chancre. Secondary symptoms supervened, then tertiary in the shape of suppurating nodes on both tibiæ and on the left temporal bone. He died from utter exhaustion.

We are now able to contemplate with all reverence the justice as evinced in these cases. The young wife of the postilion, by no fault of her own, contracts syphilis, and recovers, after much suffering, with an ugly scar on the forehead. The daughter suffers equally innocently, so do her children. Compare the poor clerk's doom, arising from one impure connexion, with that of a seducer, who, through the devotion of a hitherto innocent girl, who has loved him not wisely but too well, has ruined her, as far as this world is concerned, for ever, and yet escapes this punishment. There seems to me to be as marked a difference between the sin of the young clerk, who was carried away by a tyrannical impulse, and the seducer or deliberate fornicator, as there is between manslaughter and murder; yet the deliberate sinner escapes the dread punishment, and the poor young clerk dies.

Again, we all know that in the case of hereditary syphilis, the guilty one frequently comes off comparatively lightly, while his innocent child may die or carry to the grave the marks of the disease in the form of notched teeth, defective sight or blindness, and a sunken and deformed nose. A remarkably illustrative case of this occurred within my notice, though not in a patient of my own.

A gentleman, when a boy of sixteen, contracted a sore. His medical attendant thought lightly of the case. The sore healed, and probably the secondary symptoms were slight. He thought no more of it. He never contracted syphilis again, yet one of his children, born many years afterwards, had the notched incisor teeth, the adherent iris and loss of sight of one eye, and the nose peculiar to hereditary syphilis.

I would diffidently aver, as becomes a simple layman ignorant of theology, that I have seen in Christ's teaching no word to lead me to suppose that disease has been sent by God; on the contrary, we are distinctly told there that it came from a totally different person and quarter. Again, I would venture to infer, with like diffidence, that those innocent ones, whom the Son of God told his disciples not to keep from him, would not be chosen by the Father as the peculiar victims of the sin of others. So much do I differ from the excellent people who oppose the Contagious Diseases Act, that, in my opinion, the measure might be termed an Act for the Protection of the Innocent and Helpless. I am thankful that there are very many, indeed that the great majority of religious men and women are on our side; but, as is usual in this imperfect world, those who are wrong are the most noisy and the most active. Other opponents of the Act think that the fear of infection prevents illicit intercourse. Facts have an irrefutable logic of their own, and they flatly contradict this opinion. Only a few months ago I could have shown you at one time, out of fourteen beds in the Salisbury Infirmary, four with hereditary syphilis. Again, those believing this have only to refer to the statistics brought forward in the Report of the Select Committee of the House of Lords to be convinced of their error.

I now ask you, gentlemen, if, with these facts before us, we can, as a Society, conscientiously stand still and see this beneficent legislation swept away? Ought we not rather, as a Society, by a petition to Parliament, remonstrate against this monstrous cruelty? Ought we not, as individuals, to press upon those members of Parliament to whom we have personal access our reasons for the keeping in operation and the extension of the Act? I think we ought. We may not succeed in our great aim, but we shall have struck a blow for truth and right; we shall have done our utmost to prevent the physical and mental degeneration of our race. We shall have deserved success, and our effort will not be lost; for, as Goethe has said somewhere, in some such words as these: "Every thought, word, and deed vibrates for good or ill to eternity." And I feel sure that no unselfish action is ever done without, sooner or later, a reflected blessing on the doer of it.

A CASE OF CONGENITAL MALFORMATION OF THE RECTUM.

BY ISAAC MOSSOP, L.R.C.P. & L.R.C.S. EDIN.,
LATE RESIDENT PHYSICIAN AT THE ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

CONGENITAL occlusion of the rectum is not unfrequently met with; and whenever the continuity of the bowel is so interrupted, early discovery is of the greatest importance. The following malformation may be of interest, inasmuch as it differs, in some measure, from the cases already described.

On the 6th of June last year, E. H——, a female child,

was brought to the surgery, thirty-six hours after birth, by a midwife. The child had not defecated, was very fretful, struggling, and crying constantly. Its abdomen was tense and full. On examination, the anus was found to be perfectly formed; but a membrane closed the lower end of the bowel, through which, with the peristaltic action of the intestines, the dark meconium could be seen now and again. I examined the vagina, but found no meconium there; and, satisfied that there was no way of exit for it, a crucial incision was made, and the child ordered a little castor oil, also to be brought back to the surgery in the evening, when the bowels had ceased discharging. The angular flaps were seized and tacked to the margin of the anus by four silver-wire sutures, and in the course of a few days adhesion had taken place. To obviate any tendency to contraction and narrowing of the orifice, an ivory clyster-pipe was ordered to be frequently used, anointed with oil; but from carelessness in its use the adherent flaps were again detached from the anal margin, and the bowel was again loose and movable within the anus. This, however, did not prove so great a detriment as might be expected; for the pipe could easily be inserted, and, with the exception of a few times that the bowel got twisted a little to one side, the child managed to relieve itself remarkably well. Injections were occasionally given. Several attempts at examination were made; but the peculiarity of the malformation was not decided upon further than that there was no recto-vaginal fistula, and that the bowel did not terminate at the anal orifice, nor yet at the anterior margin of the anus.

On the 24th May I was summoned to the child, in consequence of an attack of bronchitis having set in, and to which it succumbed on the following day. It is now a year within a few days since the operation, and the mother told me that the child had required very little attention of late, but that she had continued now and again the use of the clystic pipe, sometimes at intervals of three weeks.

Post-mortem examination.—I was allowed to examine the state of matters after death, when the following particulars were noted:—The anus was completely formed, the rectum terminating in a cul-de-sac, which turned upwards; its posterior wall was adherent to and incorporated with the recto-vaginal septum, from the anterior margin of the anus, extending upwards for a little more than two inches, and easily admitting the finger. This sac contained feculent matter with a very strong odour. Having cleared this away, I injected milk into the vagina, and was satisfied that no fistula existed. I now noticed the opening into the bowel; it was rounded, with a slightly thickened margin, and did not appear less than it was nine months ago. At the seat of the operation the bowel was of normal calibre, but the prolongation was somewhat smaller. No traces of inflammation were observed.

Remarks.—My object in placing this case on record is simply for the peculiarity of the malformation, since, after careful investigation, I have not met with a single instance of malformation of the rectum having this peculiarity. The occlusion was due entirely to the prolongation of the bowel, and its attachment to the septum. The cases of this kind generally met with are characterised by a deficiency of bowel, some few opening into other canals, as the vagina, bladder, or urethra; seldom have cases exhibiting a redundancy of bowel been observed. (See Ashton, Curling, &c.) I may here mention that an hypertrophied condition of the terminal end of the rectum has been known to occur, owing to excessive distension from superincumbent pressure of meconium, in cases that have remained for a long time unrelieved (Curling); but the discovery was soon made in this case, and no traces of inflammatory action remained. Moreover, the union was as perfect as is the case with webbed fingers or toes so commonly met with; but there was no history of congenital deformity in the family, so far as I could ascertain.

The operation was a failure. If the child had lived and matured, in all probability this condition of the bowel would have proved a serious inconvenience. It had thriven, and enjoyed perfect health for nearly a year; but I am inclined to think that such would not have continued long. A secondary operation might have been attempted—viz., to attach the bowel again to the anus, with a chance of its ultimate success, at the same time enlarging the opening in the direction of its anterior attachment to the anus. Time, however, was not given for the carrying out of this project; and so long as the child continued in health, and was getting on so favourably, there might have been some advantage in deferring it.

Prompt interference was necessary, and relief was soon obtained by the incision; but the subsequent treatment being the most important, great care and precision are necessary in inserting the dilator for some time after the operation.

Bradford, Yorks, July, 1871.

CASE OF ULCER OF THE STOMACH.

EFFECTS OF ANIMAL CHARCOAL; RECOVERY.

BY J. FARRAR, L.R.C.P. & L.R.C.S. ED.

J. A——, a farm labourer, aged twenty-six years, unmarried, presented himself about a month ago with the following history and symptoms:—About ten weeks previously he began gradually to feel sick, as if he were going to vomit; which feeling was accompanied with a sensation of heat at the pit of the stomach, heart-burn, and a falling-off of his appetite. The heat in the epigastric region continued to get worse, till, as he said, it felt "burning him"; and he now had a dull, heavy, continuous throbbing pain at this place. These sensations of heat and pain were always worse just after meals. The patient was almost constantly affected with dizziness, but especially after food; and with a severe headache. On placing his hand on the seat of pain, he felt a tumour there, which, he thinks, was much larger than an apple, and which he could very clearly define, as he could grasp it in his hand as a "hard, firm lump." On his exerting pressure at this place he experienced a severe pricking, cutting sensation, amounting to intense pain on the pressure being increased. At times he had shooting pains from the tumour through to his back and up to the left shoulder, but more particularly to his back, and which, I may incidentally mention, I found to be at a point a few inches below that at the pit of the stomach. These symptoms becoming worse, he was compelled to cease work; and he then applied for relief to a medical man in the district, who gave him a "bitter, sour medicine," and advised a day or two's rest, treating him for "liver complaint." In a few days he thought he felt better, and began his work; but was again in a short time compelled to take rest. He then put himself under another medical man for three weeks, and finally came home to be treated by the family doctor, by whom he was attended for a period of four weeks, and up to the time at which he applied to me.

On examination I could detect no tumour in the epigastric region, but there was extreme tenderness there. He still felt pains darting through to his back and up to the left shoulder, the right shoulder also being now implicated. His tongue was dry, parched, and coated with a dirty, thick, yellowish-white fur; bowels costive, the fæces described as hard and dry—"crumbly." There was great thirst, and the patient had no appetite; he had dizziness and headache. Skin moist; head cool; pulse 110, somewhat jerking and wiry. He always rested well at night. There was nothing in his general appearance to indicate that there was malignant disease, though he was somewhat thin from his inability to eat. He could recollect no blow having been received at the seat of pain, nor could he give any reason to account for his disease. He is not addicted to strong drinks, and has always been steady and regular in his habits. His greatest discomfort was the presence in his mouth, at night when in bed, of a fetid and highly disagreeable fluid, which came from the stomach. He never awoke without finding his mouth filled with this abominable matter, and running out of the angles of the mouth on the pillow; by day he was never thus troubled unless he lay down, and he therefore avoided the horizontal position as much as possible.

I gave him no medicine, but told him to continue with that which he was taking from the family doctor till it was exhausted, and then again present himself, and, if possible, to bring with him, in a thoroughly cleansed bottle, a little of the fluid which found its way into his mouth; he was to

well wash out his mouth before going to bed, and on awaking to immediately allow the fluid to run into the bottle from his mouth, and bring it to me the same morning for examination. The matter thus collected was found to be a dirty greenish-yellow fluid, which emitted a most abominably fetid stench; under the microscope it was found to consist of pus-cells, a few blood-corpuscles, epithelial scales, &c., suspended in a thin but apparently viscid fluid.

From the foregoing history and symptoms, together with the patient's general appearance, I diagnosed the case to be one of non-malignant ulcer of the stomach. He was ordered to keep his bowels open, so as to have one motion a day, with castor oil; to abstain entirely from every kind of stimulant and all hot irritating fluids and condiments—no pepper, cayenne, mustard, &c.; his food to be of the simplest and lightest character—no animal food to be taken except in the fluid state, as broths, beef-tea, milk, &c.; and nothing to be taken at a higher temperature than that of new milk. On every alternate night he was to apply a mustard cataplasm over the seat of pain; also to take perfect rest.

This treatment continued for a week, gave great relief to the burning and throbbing pain in his stomach, but had no apparent effect whatever in restraining the disagreeable rise of the fetid matter into his mouth. He had hitherto been given nothing in the way of medicine. I now gave half-teaspoonful doses of animal charcoal three times a day, to be taken, if possible, mixed with a little cold water—just enough to form it into a bolus, and to be taken half an hour or more before food; his diet as before. On the second night after beginning the charcoal he expressed himself so greatly relieved of the presence in his mouth of the fetid fluid that I at once doubled the dose of the charcoal; and with the effect, during the first night, of complete immunity from this the patient's most distressing symptom. From the day on which he commenced taking this remedy in the larger dose, up to the present time, he has only on one occasion been troubled with the symptom, and this was one night when he had run short of the charcoal.

In a few days after the disappearance of this symptom the pain and heat in the stomach also began to diminish; so, too, the headache, the dizziness, &c. The tongue became moist and clean, and the thirst subsided. In short, the patient rapidly improved in every particular from a few days after the time the charcoal treatment was adopted. The mustard cataplasms were, however, still continued, one now being applied every third day, and the same precautions carried out with regard to the food, &c., as at first, the only alteration being an allowance of milk and egg—two eggs beaten up with milk, and two or three tablespoonfuls of this taken at a time every hour or two.

In parenthesis, I will notice here an appearance I observed in the epigastric region, produced by the action of the cataplasms. This was an increase in the redness of the part in the situation of the ulcer, showing in a manner the size and extent of the ulcer. The spot thus defined in the space covered by the mustard was not circular, but irregular in outline, having projections from its centre like the rays of a star-fish; it was, in fact, in appearance something like a crab, and might therefore, if the *shape* of the mass only were considered, be called *cancer*. I mention this appearance because I have not yet seen it noticed by anyone, or heard it spoken of; and because in such diseases, with more obscure symptoms, the mustard cataplasm might thus perhaps be made use of in assisting us to determine as to the presence or absence of an ulcer or vascular tumour in this situation, though this appearance may, as far as my knowledge goes, be purely of an accidental character, and have nothing whatever to do with the existence of such diseases. If the appearance was a result of the presence of an ulcer in the stomach, there must have been a limited amount of peritonitis between the anterior walls of the stomach—where I believe the ulcer was situated—and the walls of the epigastric region, resulting in the union by lymph of these parts, and forming one continuous solid wall from the exterior to the internal ulcer—in a similar manner to what is sometimes seen in abscess of the liver.

Aug. 28th.—Everything is as could be desired, the patient being to all intents and purposes cured of the disease; there is now no tenderness on pressure in the epigastric region, no shooting pains, no disagreeable taste in the mouth; the appetite has returned; and the only thing which prevents the patient from resuming his duties is his general weakness, consequent on the forced abstinence from a sufficient quantity of proper food during the two months he has been ill.

Remarks.—I am firmly of opinion that the most important part of the treatment in this case was the administration of charcoal. The patient, from the day on which he took the first dose, felt greatly relieved, not only of the presence in his mouth of the discharge from the sore, but in every other respect. The feeling of nausea immediately left him; also the headache, the dizziness, the thirst, &c. Whether the remedy acted by preventing the formation of pus, or it absorbed, altered, or destroyed some of the more obnoxious and acrid parts of the discharge, I cannot say, but certain it is that it effected from the first a most striking change for the better in the patient's condition; and its power was all the more clearly and certainly recognised when at one time the patient had run short of it, and was again, on that particular occasion only, troubled with the most distressing of his symptoms.

Boroughbridge, Aug. 30th, 1871.

ON A NEW FORM OF NEEDLEHOLDER.

BY SAMUEL THEOBALD, M.D.,
OF BALTIMORE, U.S.

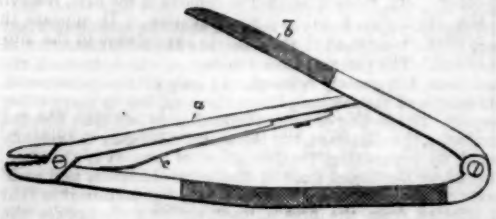
THE needleholder, of which the accompanying cut gives a correct idea, I have had made more especially for ophthalmic surgery, where delicacy of manipulation is particularly desirable.

The holder generally used by ophthalmic surgeons is, I believe, the invention of Dr. Sands, of New York. It is so arranged as to fasten, when closed, by a spring catch. This arrangement has some advantages, enabling an assistant to place the needles in the holder, and pass it when desired to the surgeon, or permitting the latter perhaps to put the instrument out of his hands, if he may so wish, without the needle becoming displaced. Its disadvantages, however, I think, more than counterbalance these, especially in delicate operations on the lids, in Critchett's abscission, or in cases where it is desirable to stitch the conjunctiva. A more or less rude effort is required to release the needle. If this be large, the effort must be increased, as it will be held more tightly in proportion to its size. If, on the contrary, the needle be very small, the blades may fail to grasp it firmly, because not held sufficiently close together by the catch. It is also often desirable to let go the hold of the needle, and take a second while the stitch is being made. Under such circumstances, it is very provoking to be compelled to fasten and unfasten the holder each time, and yet this is unavoidably necessary. As originally made, Dr. Sands's instrument had the further disadvantage of frequently breaking the eye of the needle by the sudden snapping-to which takes place as the catch fastens. This, however, has been remedied by coating the grasping surfaces with lead.

In the instrument which I have designed, I have endeavoured, by doing away with the spring catch, to get rid of these faults. At the same time, I have so modified and increased the leverage that the needle may be held with great firmness without any effort (which might unsteady his hand) to the operator. With it a very slight motion of the thumb only is required to grasp or let go of the needle. The closure of the blades is regulated by the hand, so that whether the needle be large or small it is grasped with equal firmness. Again, as the snapping-to of the instrument is avoided, there is no danger of the eye of the needle being broken, and hence the lead coating is not required. It is, moreover, simpler in construction and less expensive than the old form, both of which are points in its favour.

Grooves should be filed in the grasping surfaces, so that the needle may be held firmly in different directions. The extremity of the lever (*a*) should be shaped so as to play in a narrow groove about half an inch long in the under-surface of the lever (*b*). This groove should end abruptly, and the extremity of the lever (*a*) playing in it should be so shaped as to catch firmly against the end of the groove, thus keep-

ing the instrument from being opened too widely by the action of the spring (c). The construction of the instrument in other respects is shown by the cut. It should be



about four and a half inches long, and of the proportions there shown. The exact size is somewhat a matter of individual fancy, but I think this will be found most convenient, as best suited to the grasp of the hand, although some might consider it unnecessarily large.

Mr. Soelberg Wells, to whom I presented one of the first instruments made, has tested it practically on several occasions, and expresses himself as very much pleased with its action. They may be obtained of Messrs. Weiss, Strand; of Schleifer in Vienna; and of Lüer in Paris.

Harley-street, Cavendish-square, Oct. 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

HOSPITAL FOR SICK CHILDREN.

CASES OF CHOREA TREATED WITH SULPHATE OF ZINC.

(Communicated by Mr. H. T. BUTLIN, Medical Registrar.)

THE following cases are selected only so far as they illustrate a particular mode of treatment. They comprise nearly all, if not the whole, of the cases of chorea which have been treated with gradually-increasing doses of sulphate of zinc at the Children's Hospital during the past twelve months. Although they do not show a complete success, they appear to merit consideration—in some instances, because the zinc salt was employed after other means had been fairly tried and had failed; in others, on account of the rapidity with which recovery followed its exhibition. In no single case, moreover, was its use unattended with some advantage; for those patients who did not entirely recover on the sulphate of zinc only, appeared to derive considerable benefit from it. The tolerance of the drug, which may be established in what would appear to be decidedly emetic doses, is well shown in every case. Some other points of interest in the history of chorea which these cases would well serve to illustrate have necessarily been scarcely touched, as time and space only admit of the report of such details as relate to the mode of administration and the effects of the drug in question. The temperature in most cases was found to range a little above the normal—generally between 99° and 100°; whilst in Case 11, for more than a fortnight it continued at or above 100°. The combination of hysteria and chorea, in one or two instances, made it somewhat difficult to decide which of the two was the primary disease; while the length of time through which the disease may extend is well shown in Minnie S——.

As regards the indication for giving the sulphate of zinc, it would appear that there does not exist any particular class of cases of which it can be definitely asserted that they will improve under zinc. In some it has been given because there was no direct indication for any other plan of treatment; in some because other treatment had been tried without success. One thing is certain—namely, that the rough, harsh skin, not unseldom observed in choreic patients, becomes soft and smooth when the administration of the drug is persevered in.

The mode of administration has been much as follows:—One or two grains of sulphate of zinc are given in half an ounce of water three or four times a day; occasionally to this is added, in anæmic patients, a grain or two grains of the sulphate of iron. The quantity of zinc is then increased by the addition of a grain every day, or every other day, until either the choreic movements have very decidedly diminished, or until the medicine has caused excessive sickness, when either the quantity of the medicine is gradually lessened or its use is at once discontinued.

The dose is usually given after a meal, and in one or two instances where sickness has followed a small dose, it has been discovered, on inquiry, that it was given shortly before the early morning meal. In several cases where a few grains had caused vomiting, tolerance has been established, and the ordinary mode of administration has been resumed after the omission, for a few days, of the progressive increase of the dose. Several times diarrhœa has occurred, but this appears to have been rather a coincidence than an effect of the medicine, for it was not arrested by the mere cessation from the zinc, and many of the other children, not taking the sulphate, were suffering from looseness of the bowels about the same time.

On referring to the later cases it will be seen that the daily increase of zinc has been at the rate of three grains instead of one, as in the earlier cases. The improvement has certainly been more rapid during the larger increase, and it did not appear to cause any inconvenience to those few patients in whom it has been tried.

Lastly, as regards diet and confinement to bed, the children have been usually kept recumbent, and fed on pounded meat or beef-tea and milk, during the earlier stages of the treatment; but as the irregular movements decreased, and without reference to the quantity of zinc then taken, they have been put upon meat diet and allowed to get up. Stimulants, too, have always been allowed in those cases which appeared to require them. One fact has often been noticed—namely, that if no other treatment be adopted than mere confinement to bed, the choreic movements will often frequently diminish in a marked degree during the first week or ten days, after which no further improvement takes place.

Whether the sulphate of zinc act as a nervine tonic, or whether, as Dr. West has expressed his opinion in his late lectures at the College of Physicians, it may exert "a specific power over chorea," is a question which still awaits decision.

(Under the care of Dr. DICKINSON.)

CASE 1. — Emily C——, aged eleven years, was admitted with the following symptoms: a frequent, short, hysterical cough, very like a bark; a constant choreic jerking of the body and limbs, which affected sometimes one side of the body and sometimes the other, and, when most marked, was often accompanied by two or three short coughs. She was a fairly nourished girl, and remarkably intelligent. The heart-sounds were normal. Her history showed that thirteen months previously she had been an in-patient of the hospital with symptoms precisely similar; she had then improved slightly under treatment, but upon her discharge had relapsed, and continued in the same condition which she presented on admission.

Two days after admission she was put upon two grains of sulphate of zinc, with two of the sulphate of iron, in half an ounce of water, thrice daily, with meat diet and two ounces of wine. The dose of zinc was increased by one grain daily until it reached twelve grains, the quantity of iron remaining as at first. Her cough was then less frequent, and the choreic movements were not so violent. In eighteen days more the maximum dose of twenty-six grains, three times a day, was reached, and a very decided improvement had been attained both as regarded the cough and the movements. In two more days the medicine was stopped in consequence of continued vomiting. In three days it was resumed in twenty-grain doses, which were gradually diminished by one or two grains daily, until, fifty-nine days after the commencement of the treatment, she was placed on a grain of valerianate of zinc in half an ounce of infusion of valerian three times daily. On the following day she

was discharged, but she still continued to have an occasional slight cough (no longer of a barking character), and the choreic movements were yet observable at times. On this account she was readmitted three weeks later, and placed on a grain of valerianate of zinc in half an ounce of water. In seventeen days she was discharged well.

CASE 2.—Emily F——, aged nine years. Had always been a delicate child, and about one year previously had had rheumatic fever. This was followed by a first attack of chorea, which lasted for four months. Since then she had continued well until a month before admission, when she again became subject to choreic movements. When admitted she had well-marked chorea, affecting the body and limbs generally, but more especially the upper extremities. A faint systolic murmur, probably hæmic, was audible at the base of the heart.

She was at once put upon two grains of sulphate of zinc in half an ounce of water, three times a day; and, as in the former case, the quantity of the salt was increased by the addition of a grain either every day or every other day, until, on the twenty-fourth day, she was taking twenty-six grains of sulphate of zinc three times a day. From the first she steadily improved, and by the time that nineteen or twenty grains had been reached she was almost free from irregular movements.

From twenty-six grains the quantity was gradually reduced to nineteen on the thirty-first day. In four days more she was discharged quite recovered.

CASE 3.—Ellen G——, aged ten. Had been ill for about eleven days before admission. She first made complaint of pains in the limbs. These were speedily followed by general choreic movements. She had always been a nervous, excitable child, but had never had an attack of chorea before. There was no history of rheumatism or of fright. The mother was said to be liable to suffer in a slight degree from rheumatism.

The patient was well nourished, with light hair and long eyelashes. Her face was very pale. She had general, but not very violent, choreic movements. A soft systolic murmur was audible at the base of the heart and along the course of the large vessels. It could also be heard at the heart's apex. The heart's action was irregular. As the bowels were confined and her tongue was furred, a dose of calomel and jalap was given.

On the sixth day she was ordered a draught containing one grain of sulphate of zinc and one of sulphate of iron in half an ounce of water, to be taken three times a day. On the sixteenth day the quantity of sulphate had been gradually increased to seven grains, and the choreic movements had grown more violent than before.

The dose was still further increased until, on the thirty-eighth day, she took twenty grains. By this time the chorea was much diminished. She had not been sick, and the bowels had throughout been constipated, but were easily moved with the aid of aperients.

Twenty-two grains of zinc on the forty-sixth day made her sick, and on the following day the drug was discontinued, and ten grains of reduced iron, three times daily, was ordered instead. She continued to improve, and left the hospital at the end of three months, having spent three weeks at the Convalescent Hospital at Highgate. She had, however, been free from choreic movements for several weeks.

(The remaining cases will be given in our next issue).

ST. BARTHOLOMEW'S HOSPITAL.

OPERATIONS ON THE 15TH INST.

(By Mr. COOTE.)

Fatty Tumour.—A fatty tumour of oval shape, about one foot in the long diameter and three quarters in the transverse, was removed from the left scapular region of a middle-aged man by Mr. Coote. A spindle-shaped portion of skin, corresponding to the long diameter of the tumour, was removed with it to secure accurate apposition of the remaining integument to the subjacent surface.

(By Mr. HOLDEN.)

Remarkable case of Epitheliomata of the Lip.—The patient was sixty-two years of age, and had enjoyed eighteen years of immunity after the removal of a former growth. He presented the unusual feature of two distinct epithelial growths, one situated at either end of the lower lip; that at the left extremity being rather more advanced than the other. Mr. Holden decided to remove it the first, reserving the other for a subsequent operation. It appears that neither of these growths made its appearance in the site of the one removed some years ago.

(By Mr. SAVORY.)

Removal of the Superior Maxilla.—The patient was a boy nine years of age, and presented but little appreciable distortion. The left superior maxilla had, however, for five years been the site of a slowly increasing, almost painless growth. The symptoms suggested an osseous tumour, and this diagnosis was confirmed when, having raised the upper lip and cheek by means of an incision carried through the mesial line of the lip, and prolonged along the side of the nose, Mr. Savory explored by boring the substance of the jaw. He then further prolonged the incision along the lower margin of the orbit, and, having completely reflected the cheek, proceeded to remove the maxilla.

Removal of the Sequestrum from a Necrosed Humerus.—In connexion with this case Mr. Savory pointed out that, although the patient had been admitted with immense constitutional disturbance which was followed by excessive exhaustion, and the fistulous traces of the bone disease included the whole of the lower half of the humerus, yet the sequestrum which he had found on exploring the part proved to be no more than an inch in length and about one-third in breadth. This comparative disproportion between the amount of disturbance, both constitutional and local, and the actual amount of bone which suffered death, he had observed to distinguish necrosis of the bones of the upper as compared with those of the lower extremities.

Mr. CALLENDER removed a scirrhous breast in the case of a woman fifty-two years of age.

Mr. MORRANT BAKER amputated the forearm for disease of the radio-carpal joint following the introduction of a foreign body into the thumb.

ROYAL FREE HOSPITAL.

CASE OF APOPLEXY TREATED BY VENESECTION; RECOVERY.

(Under the care of Mr. GANT.)

FOR the report of this case we are indebted to Mr. E. R. Morgan, house-surgeon.

Wm. W——, aged fifty, was the driver of a night cab. He had never drunk much spirits, but had taken a good deal of beer, and smoked hard; he was very plethoric, and presented a marked arcus senilis, but no tortuosity of arteries. It appeared that he had been in bed all day, and, having risen at 7 o'clock, went to the stables, where he suddenly fell, and lost all consciousness. He had felt well previously.

On admission he was quite unconscious, and could not be roused; his pupils were dilated and insensible to light and touch; his breathing stertorous; the pulse hard and quick; he was bathed in perspiration, and the countenance was livid. Having carefully considered these symptoms, Mr. Morgan came to the decision to perform phlebotomy without delay, and proceeded to take from the left arm eighteen ounces of blood. As it was flowing there occurred a marked improvement in the symptoms: the breathing ceased to be stertorous; the countenance became less flushed; the pulse weaker. The patient, however, did not recover consciousness; but, as matters progressed so well, he was sent into the wards, where he was ordered to take a minim of croton oil, also five grains of bromide of potassium every four hours, and to have ice applied to the head. His bowels did not act until the fourth day, on which he became conscious, and could answer questions rationally. He has since gradually improved, and at the present time (the thirty-first day) complains of nothing more than occasional, but not severe, fits of vertigo. The patient lost no power or sensibility in any of his limbs.

PROVINCIAL HOSPITAL REPORTS.

WORTHING INFIRMARY.

A CASE OF FORMIDABLE INJURY OF THE FOOT; RECOVERY UNDER THE ANTISEPTIC TREATMENT.

(Under the care of Dr. JOHN GOLDSMITH.)

GEORGE L——, a labourer's child, three years of age, was admitted with a very severe wound of the right foot, which he had sustained through its becoming engaged in a moving mowing machine. On examination it was found that one of the blades had entered the dorsum of the foot at the anterior portion of the astragalus, immediately in front of the attachment of the anterior ligament (thus fortunately not opening the ankle-joint), and had passed obliquely downwards and backwards, entirely dividing the anterior portion of the os calcis, so that the foot was simply hanging by the soft parts of the sole. The next blade, rapidly following the first, had sliced off the cartilaginous structures of the astragalo-scaphoid articulation.

After a consultation it was decided, not without considerable misgiving, to endeavour to save the foot.

The patient having been brought under the influence of chloroform, the anterior tibial artery, which had fortunately ceased to bleed when the wound was first bound up, and another smaller vessel were tied, and several fragments of bone and cartilage and some pieces of grass were carefully removed. The whole of the wounded surfaces were then abundantly smeared with glycerine of carbolic acid, and their edges brought into accurate apposition by means of silver sutures; no adhesive plaster was used. A double fold of lint, thoroughly saturated with glycerine of carbolic acid, was laid over the whole line of sutures, and lightly secured by one or two turns of a bandage. Splints of Hide's patent leather felt were then moulded to the leg; the inner one was prolonged round the sole in order to keep the foot at the proper angle, and both were carried half-way up the thigh in order to prevent all movement at the knee-joint. This precaution was the more necessary as the young patient was suffering from whooping-cough. The whole limb was bandaged, and a sand-bag was placed on either side.

At the end of ten days it was found, on removing the dressings for the first time, that a very considerable amount of union had taken place, and that there was literally no suppuration. The ligatures and sutures were then removed, similar dressing applied, and the limb put up again as before. After eight days more the external wound was found to be almost entirely healed, and no trace whatever of suppuration existed. In a few days there was complete external union, but the foot was kept in the same apparatus for the space of eight weeks. A boot with lateral supports was then ordered, and with this the patient was allowed to attempt to walk with the assistance of the nurse. From that time to the present (the eightieth day) he has rapidly improved, and can now walk and run unaided almost as well as before the accident. He flexes and extends the foot and toes as well as ever, thus showing how complete has been the union of all the divided tendons. It is anticipated that in a few years there will be no trace of the misfortune, except the mark of the external wound.

NEWCASTLE-ON-TYNE INFIRMARY.

OPERATIONS were performed as follows at the Infirmary, Newcastle-on-Tyne, on the 10th inst.:—

Dr. HEATH removed the breast from a married woman twenty-nine years of age. In February last the patient noticed a swelling of the size of an egg in her left breast. The tumour enlarged rapidly, but without much pain, and occasionally blood flowed from the nipple. Early in August, in consequence of the large size of the breast, and a very copious discharge of blood from the nipple, the patient consulted Dr. Heath, who evacuated about a pint of thin, bloody fluid, and injected tincture of iodine. This treatment was repeated on two other occasions. At the time of removal there was at the seat of puncture a fungoid ulcer the size of a florin, through which a thin, slightly bloody, coloured, and most offensive fluid constantly flowed guttatim. There was no family history of malignant disease. Upon examination after removal, the interior of the cyst was found in a sloughing condition, and the structure surrounding it presented all the appearances of what Sir James Paget describes as a very rare disease in this country, although he says it is not uncommonly met with in France, Germany, and America—viz., medullary cancer of the female breast. (*Vide* Paget's Surg. Path., edited by Professor Turner, p. 657.)

Mr. LUKE ARMSTRONG removed, by lateral lithotomy, an oxalate-of-lime calculus, weighing ninety-eight grains, coated with phosphates, from the bladder of a man aged twenty-four years, who had suffered from urinary irritation from birth. The patient is undersized, somewhat weak-minded, and both his femora are rickety.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, OCT. 13TH, 1871.

DR. W. W. GULL, F.R.S., PRESIDENT, IN THE CHAIR.

THERE was a fair attendance of members at this, the first meeting of the session, and a few introductory remarks were made by the President.

Dr. BAUMLER read a paper on Partial and General Idiopathic Pericarditis, in which he endeavoured to prove that the white or milky spot on the surface of the heart frequently met with at post-mortem examinations has a clinical history of very transient acute pericarditis. He adduced in support of this proposition two cases, in which an acute illness, coming on with dyspnœa, with pain behind the sternum, radiating upwards to the larnyx, the left shoulder, and towards the left ear, and with slight febrile disturbance, was accompanied by a characteristic pericardial friction-sound, lasting, like the other symptoms, only for two or three days. In a third case, where the onset had been more gradual, the friction-sound was heard over a larger area; and there was also some distension of the pericardium by fluid; yet the whole attack was mild and lasted only a fortnight. Such intermediate forms link the very slight cases to the more serious ones, which more generally come under observation. Cases of idiopathic pericarditis being of rare occurrence, Dr. Bäumler appended the history of three other cases of this kind which had come under his observation. The three patients had been little girls from eight to ten years of age, and the pericarditis had come on in so insidious a manner that they had walked about with the pericardium full of effusion. One of them died; the two others recovered, one entirely, the other with valvular disease remaining. With regard to treatment, Dr. Bäumler particularly recommended the application of ice to the cardiac region, especially for its influence in reducing the number of the heart's contractions and in relieving pain.

The PRESIDENT remarked that, among other points of interest in connexion with this subject, it has been a matter of doubt as to whether genuine pericarditis, *per se*, ever causes pain, and that some so-called cases of the disease had proved to be cases of pleurisy, the friction-sound being due to a pleuritic rubbing immediately over the pericardium.

Dr. DOUGLAS POWELL asked Dr. Bäumler how the treatment of ice-bags could be reconciled with the intermittent application of linseed and mustard poultices.

Dr. C. T. WILLIAMS asked for particulars as to the influence of ice-bags on the pulse and heart.

Dr. BAUMLER replied that, according to his knowledge and belief, the application of ice-bags acts antiphlogistically, reducing both pulse and temperature, and that the poultices were used, in the absence of other remedial agents, because in an empirical way they relieved pain.

Mr. NUNN read a paper on Lupus Erythematosus. This disease, known also as superficial lupus, was believed by Mr. Nunn to be essentially an inflammatory atrophy of the cutis, limiting itself to that structure, and thus distinguished from lupus exedens, which was capable apparently of destroying indiscriminately every structure. Two

cases of lupus erythematosus were reported, in which the family history afforded no clue to the nature of the disease; and, in contrast, one case of lupus exedens, in which an hereditary syphilitic taint was, with almost complete certainty, to be traced. The first two cases had been treated for years before coming under Mr. Nunn's care with mercury, iodine, arsenic, &c. The first patient, a male, aged thirty-four, had (October, 1870) suffered during thirty-two years, the second during twenty-one years, with lupus erythematosus of the cheek. The bromo-iodine waters of the Woodhall Spa, in doses of a wineglassful three times a day, were given, and a tablespoonful of lemon-juice in a tumblerful of milk every morning. In the first case, the gums being spongy, a solution of chloride of zinc (one grain to the ounce of water) was ordered to be applied to them. This case was, to all appearances, cured at the end of six months. The second patient was still continuing the treatment with advantage, having only commenced it in May last. The case of lupus exedens had been in the Middlesex Hospital under the care of the late Mr. Moore, and was now an inmate of the Hospital for Incurables, at Putney.

Dr. ALTHAUS thought the plan of giving large doses of these salts was too commonly practised, and that smaller quantities would, when used therapeutically, be quite as beneficial; and Dr. GULL remarked that this disease was so much an opprobrium to the physician that all hints as to its treatment were welcome and valuable.

Mr. G. LAWSON related the particulars of a case of large Melanotic Tumour of the Eye, which had burst through the sclerotic and had extended into the orbit. He first excised the globe and then freely applied the chloride of zinc paste for the purpose of destroying all the tissues within the orbital cavity, and thus effectually to get rid of all the cancer-germs with which those structures are in such cases generally infiltrated. The operation was performed in July of this year, and the patient was now progressing favourably towards recovery. All the tissues within the orbit sloughed, and large portions of the bony cavity have exfoliated. Mr. Lawson remarked, that when the diagnosis of melanotic tumour within the eye is made at a very early stage of the disease, the simple removal of the eye is frequently sufficient. He quoted the case of a patient in whom he had been able to recognise the tumour by the ophthalmoscope when it was scarcely of the size of a pea. He removed the eye, and now nearly three years has lapsed and there has been no recurrence of the disease in the orbit.

Mr. CAMPBELL DE MORGAN, after referring to the case under discussion, said that the occurrence of epileptiform seizures after operations in which these caustics were applied was not uncommon. The fits usually come on a few hours after the operation, and recur every twenty minutes, with marked diminution in the power of the pulse. The most severe case of the kind that had come under his care eventually did well; and in reply to Dr. Buzzard it was elicited that no recurrence of the epilepsy took place after convalescence from the operation.

The PRESIDENT queried whether cancer was a constitutional malady, and, indeed, hardly knew what constitutional maladies were. He believed cancer to be a local disease, but thought the question ripe for discussion.

Mr. LAWSON, completing his original remarks, said that the tumour, when growing within the eye, is black, but becomes colourless after it has burst through the sclerotic coat.

Mr. NUNN was disposed to question the trustworthiness of statistics of operation in affording very positive evidence as to prolongation of life.

Mr. HENRY LEE, remarking that he did not operate to cure, but to remove a hideous deformity, took occasion to demur to what had fallen from the President as to the constitutional nature of the disease.

The meeting ended with a general discussion on this subject, in which Mr. De Morgan, Mr. Arnott, and Mr. Lawson contended that cancer was a local malady.

THE Academy of Medicine of Turin has announced a new prize, under the name of the Premio Bianco, which will be given in the beginning of 1873. The value is 1000 lire; the subject is "Matrimonial Hygiene." All manuscripts to be sent in before December 31st, 1872.

Reviews and Notices of Books.

Pulmonary Consumption: its Nature, Varieties, and Treatment. With an Analysis of One Thousand Cases to exemplify its Duration. By C. J. B. WILLIAMS, M.D., F.R.S., Fellow of the Royal College of Physicians, &c.; and CHARLES THEODORE WILLIAMS, M.A., M.D. Oxon., Fellow of the Royal College of Physicians, Physician to the Hospital for Consumption, Brompton. London: Longmans, Green, and Co. 1871.

IT is impossible to exaggerate the importance of the subject of pulmonary consumption, though few diseases receive perhaps a more cursory study at the hands of medical men. There was a time when this was somewhat excusable, for there was little in our knowledge of the disease to encourage study and investigation. But this is no longer the case. Phthisis has been abundantly shown to be a malady which will repay study, and yield more or less to treatment. And among the physicians who have taught the profession to take a more hopeful view of consumptive disease none speaks with more authority than Dr. C. J. B. Williams. Forty years ago, or more, he studied under Alison and Abercrombie. A little later than this he was a pupil of Laennec, and speaks from personal knowledge of his views, and of some personal facts which may be supposed to have modified them. For the last forty years Dr. Williams has been studying and treating tubercular disease; and if he has had to modify much of his teaching, and more of his treatment, he can still speak from a more enormous experience, and a closer study of the morbid processes involved in tuberculosis, than most living men; and he can look backwards and forwards with as much satisfaction as most of his contemporaries.

Three years ago we were the medium of communicating to the profession a summary of Dr. Williams's views of pulmonary consumption, and his account of the great change which has occurred in the therapeutics of this disease. But he owed it to himself, and to the importance of the subject, to embody his views in a separate work; and we are glad that he has accomplished this duty. He has been well assisted in the undertaking by his son, Dr. Charles Theodore Williams, who has analysed Dr. Williams's notes of cases with the view of constructing many valuable tables, and drawing many important conclusions as to the value of various factors, as hereditary or family influence, age, sex, occupation, social position, &c., on the origin and the course of phthisis.

The pathology of consumption is treated of in the first eight chapters of the book. It is impossible here to go into much detail on this most difficult question; suffice it to say that Dr. Williams takes into his consideration, in attempting to explain the disease in its various forms, not only his own pathological and clinical observations, but all recent researches into the nature of the general process of inflammation, such as those of Waller, Cohnheim, and others, as well as those of Villemin, Simon, Sanderson, Wilson Fox, and others into the production of tubercle artificially. Some readers may think that Dr. Williams would have done better to have avoided the more abstruse and difficult questions in pathology, and made his treatise purely practical. But a very little consideration will show that this would not have been worthy of his own connexion with the subject. The progress of knowledge only goes to prove the most intimate connexion between common inflammatory processes and the origin of tubercular disease. Of the 1000 cases upon which Dr. Williams bases his conclusions, the number preceded by pleuro-pneumonia was 149; by bronchitis, 118. More than one-fourth of the cases, he considers, have their source in these diseases. It is one of the most

difficult duties of the physician now to say when an exudation is merely inflammatory, and when the exudation possesses tubercular characters. According to Dr. Williams—and recent researches have confirmed his authority as a minute observer—the essence of the tubercular exudation is a defective vitality or a decaying tendency. After discussing in the light of recent investigations the relations of inflammation to tubercle and other phthinoplasms, he says:—

"This, then, is the line of argument by which I would point out that modern researches appear to support the view which I have always held, that the tuberculous and kindred lesions which cause consumption of the lungs arise from a degradation of the plasma or nutritive material by which old textures are renewed and new ones formed. This material or protoplasm is seen in an inflamed part of a living animal in the form of *sarcophytes* or *bioplasts*, multiplying and clinging to the inside of the bloodvessels, penetrating their walls, and emigrating by a movement of their own into the adjoining tissues."

Thirty years ago physicians were too exclusively occupied with the idea of inflammation in phthisis. Now it is possible that they may too much overlook the existence of a process not to be physiologically distinguished from it, and yet quite intolerant of anything like depressing treatment. Indeed, the great step to a better treatment of phthisis has been the recognition of the low vitality of the bioplasm, or, as he proposes to call it, the *phthinoplasm* (wasting or decaying-forming material) of the tubercle; and Dr. Williams's description of the nature and source of this substance must command general attention. He regards it—contrary to the views of Laennec—as widely separate from cancer and other specific growths, and to approach more closely to commoner lesions of nutrition, such as pus, lymph, and other hyperplasms, inflammatory or non-inflammatory. Where phthinoplasms do not originate in a quasi-inflammatory process of which the plasma is more or less defective in vitality—in other words, where they do not originate in some error of the sanguiferous system, Dr. Williams considers they originate in some part of the lymphatic system, including the adenoid or glandular tissue of the lung, which Dr. Sanderson has shown to be the chief seat of miliary tubercle. This large class of cases receives its chief illustration in the experiments for the artificial production of tubercle. This double origin of tubercular phthinoplasm is discussed in various chapters, and illustrated by numerous and very instructive cases.

We regret that we have not more space in which to notice the views here set forth on different forms of phthisis, as the fibroid, the hæmorrhagic, &c., which have lately excited much attention. The chapter on the relation of hæmoptysis to phthisis is the work of Dr. C. Theodore Williams. He does not accept the view that bronchial blood gives rise to consumption. He thinks that Niemeyer's doctrine lacks the support of cases. On both sides of this controversy there is need for more facts.

The statistical chapters and the tables by Dr. Charles Theodore Williams are of great value, and will repay a careful attention. One conclusion appears to us very curious, and to require confirmation—namely, that the average age of attack in males free from family predisposition among the out-patients at Brompton was 32·01, whereas in the same class of private patients of a better social position the average age of attack was 30. The estate of poverty with its privations would here seem to be favourable to the postponement of the disease. But we cannot stay to analyse tables which will be criticised by constant reference.

After all, the grand teaching which Dr. Williams has for the profession is to be found in his therapeutical chapters, and in the history of individual cases extended by dint of care over ten, twenty, thirty, and even forty years. The extension of the average duration of phthisical cases from two years to eight is only, let us hope, an earnest of a still more successful treatment yet to come, based on that so authoritatively and amply illustrated by Dr. Williams, who may be congratulated on finding so much in his early teaching established to set against much in his early treatment which has had to be altered, and on having a son to perpetuate his labours and his name.

OUR LIBRARY TABLE.

On a Means of Arresting the Spread of Small-pox. By JOHN DAY, M.D., Geelong. (Reprinted from the *Australian Medical Journal*, Aug. 1871.)—Dr. Day has hit upon a plan which he thinks may be successful in arresting the spread of small-pox. The means he proposes to employ are based upon the assumption—as to the correctness of which we are not at all sure—that the virus of small-pox is always associated with pus-cells, and that the only way it can be destroyed is by oxidation. To accomplish the latter object he proposes the use of peroxide of hydrogen. This is composed, according to Schönbein, of antozone and water in a state of chemical combination; and the antozone, by contact with blood- or pus-globules, becomes transformed into ozone. The globules, whether of blood or pus, in effecting this change do not themselves undergo very rapid oxidation; and a large proportion of the ozone thus generated is in a free state. These facts have led to the belief that if peroxide of hydrogen were brought into contact with pus-cells containing small-pox virus, the latter would be oxidised and destroyed by the ozone. Should the peroxide of hydrogen be found to possess these disinfectant properties, it might be used in a variety of ways. Ozonic ether may be employed in the form of spray to different articles; or a small-pox patient's body may be sponged occasionally during the day with a mixture of ozonic ether and tepid water. To avoid the objection of expense, the methylated ether of commerce may be used, as a substitute for pure ether, in the preparation of ozonic ether, which, it may be mentioned, will mix with collodion, cold cream, and lard—agents occasionally used as topical applications in the treatment of small-pox. Oil of turpentine also, under the combined influence of air and light, rapidly absorbs antozone in the form of peroxide of hydrogen; and it may then, probably, be applied as a disinfectant to the flooring, skirting, woodwork, &c., of rooms in which cases of small-pox have been treated. Dr. Day's suggestion is ingenious and plausible. No harm could very well result from a trial of it.

Notes on Comparative Anatomy. A Syllabus of a Course of Lectures delivered at St. Thomas's Hospital, by WILLIAM MILLER ORD, M.B. Lond., M.R.C.P., &c. pp. 202. London: J. and A. Churchill. 1871.—This little volume will, we think, be useful to others than those for whom it has been written—the gentlemen, namely, composing Mr. Ord's class at St. Thomas's Hospital. Omitting all unimportant details and fine writing, Mr. Ord has aimed at placing in a highly condensed form the principal facts of comparative anatomy before the reader, and in this, we think, he has been very successful. The treatment of the vertebrata is particularly good, the different views of Owen, Huxley, and Parker being very distinctly and clearly pointed out—a less easy matter than at first sight appears to those who have not tried. We would suggest to Mr. Ord that proper headings to the pages would be an improvement.

The October number of the Quarterly Journal of Microscopical Science, edited by Dr. and E. RAY LANKESTER, contains a reprint of Dr. Burdon Sanderson's essay on the origin and distribution of microzymes (Bacteria) originally contained

in the appendix to the 13th Report of the Medical Officer of the Privy Council. 2. An account of the colouring matter of some Aphides, by H. C. Sorby. 3. Observations on the action of gases and vapours on red blood-corpuscles, by E. Ray Lankester. 4. A paper, by the same author, on Undulina, a new Infusorian. 5. On the circulation in the wings of Blatta orientalis; on a new method of injecting the vessels of Insects, by H. N. Moseley. 6. On the production of spores in the Radiolaria, by Prof. Cienkowski. 7. Notes on the genus Doliolum, by Dr. Moss. 8. On the peripheral distribution of non-medullated nerve-fibres, by E. Klein.

Die Milch-Zeitung.—We have received the first number of this periodical, published in Dantzig on the 1st instant. It is to be issued twice a month; being a foreign representative of the now well-known English *Milk Journal*.

Foreign Gleanings.

A CASE OF CONGENITAL OBLITERATION OF THE ŒSOPHAGUS.

DR. PORRO publishes in the *Annali di Med.* of Milan, September, 1871, a case of this kind. The child was brought to the Foundling Hospital of Milan in August, 1870. She was noticed to take the breast with avidity; but after a little suction she suddenly left the breast, coughed, became livid, rejected most of the milk through the nose, and was nigh suffocating. The utmost care was employed to discover the cause of this, and some suspicion of the actual state of things was raised by the following examination:—An elastic tube was introduced into the pharynx, and, being gently pushed downwards, was arrested as in a cul de sac. The child died on the third day, and it was found, on a post-mortem examination, that the larynx and pharynx were normal. The cervical portion of the œsophagus presented parietes rather thicker than are generally seen in infants, and was of a larger size than usual. It ended in a cæcal pouch, about an inch below the inferior portion of the glottidean aperture. The posterior part of the trachea was lined by streaks similar to the muscular portion of the œsophagus. These fibres could be traced from the œsophageal cul de sac to the point where the trachea divides into the two bronchi. The cul de sac being longitudinally divided, no communication could be discovered between it and the laryngo-tracheal tube. Dr. Porro now passed a stylet through the pyloric orifice of the stomach, and, by gradually working it upwards, made it emerge at the glottis. The anterior and lower portion of the trachea was now longitudinally divided, and it was discovered that a circular opening, about half a line in diameter, existed where the trachea divides into the two bronchi, and exactly in the space which inferiorly divides the two canals. The distance between the superior cæcal pouch of the œsophagus to the point of communication of the inferior part of this canal with the trachea measured about one inch. The author remarks, after this description, which is rendered very plain by two excellent plates, that Mr. Holmes, in his work on Surgical Diseases of Children, mentions three cases of congenital obstruction of the œsophagus; but in none was the interruption of the continuity of the œsophagus so considerable as in this case.

ARTERIAL TRANSFUSION.

Prof. Hüter recommends the transfusion of the venous blood of a healthy individual into the artery of a patient. He uses the radial artery at the wrist, or the posterior tibial at the ankle. When the vessel is laid bare for about an inch, four threads are passed under it. The upper is to prevent the escape of the blood coming from the heart, and another is loose, to be used in case of hæmorrhage by the collaterals. The vessel is now incised, and the canula introduced and fixed by the third thread, the fourth being merely a precautionary measure. The venous blood from the healthy man is now beaten and filtered, to prevent the clogging of the fibrine, and injected. The author says that about a pound of blood can thus be introduced into the hand or foot, and he quotes eight such operations of his own. Prof. Albanese, of Palermo, has used this kind of transfusion in three cases of anæmia and four of pyæmia, the radial artery being opened in all the cases. Four patients recovered—three anæmic, and one suffering from poisoning of the blood.—*Riv. Med. Chir., Buenos Ayres*, Jan. 23rd, 1871.

TEMPERATURE IN ERYSIPELAS.

Prof. Verneuil mentioned, at a late meeting of the Surgical Society of Paris, several cases of erysipelas which had been under his care, and in which he was able to predict the advent of erysipelas by watching the sudden rise of temperature. In all these the rise of temperature preceded the rash at least twenty-four hours. The cases certainly have some weight, but it was objected to M. Verneuil that other signs, noticed in the same patients, have also great value—viz., shivering, &c. As, however, the temperature in the cases alluded to rose fully three degrees, it is worth while, in appropriate instances when erysipelas is apprehended, to pay attention to the variations of temperature. But we all know that a thermometrical rise may be the forerunner of several pathological phenomena besides erysipelas.

PROFESSOR SCHIFF'S EXPERIMENTS.

In looking over Italian periodical medical literature one is struck by the occurrence of the German names of several professors attached to universities, as Moleschott, Oehl, and Schiff. In fact, these are all eminent German physiologists whose labours had rendered them so conspicuous that they were offered chairs in the Italian seats of learning. Among these accomplished men Schiff is particularly conspicuous for the skill and patience with which he performs experiments tending to solve physiological problems. The Scientific Institute of Florence is specially adapted for such investigations, the latest of which were undertaken to test the following opinion recently published at Berlin. The anterior part of the brain, it is contended, possesses motor irritability; when stimulated muscular movements are excited on the opposite side of the body. Hence it was concluded that the anterior portion of the brain possesses motor properties. Professor Schiff's experiments have just confirmed this; but he has found that the muscular movements do not arise from an actual motor property of the brain, but are reflex movements excited by the irritation of certain parts of the cerebrum which regulate tactile sensibility (not sensitiveness to pain). The removal of such parts does not *directly* abolish the movements, but disturbs them *indirectly*, through the destruction of tactile sensibility. *L'Imparziale* of Sept. 1st, 1871, promises to publish a detailed account of Professor Schiff's experiments.

ON ALBUMINURIA IN SMALL-POX.

In the *Lyon Méd.* of Sept. 3rd M. Cartaz has published an account of several cases of variola in which the above complication was noted. The deductions are as follows:—1. Albuminuria has been noticed in confluent small-pox, the frequency being about one in five. 2. Albuminuria is most frequently only temporary, and does not interfere with the progress of small-pox. When permanent, it may bring on the mischief wrought by Bright's disease. 3. Even when transitory, albuminuria may give rise to severe symptoms, as eclampsia, &c. 4. In hæmorrhagic small-pox albuminuria is persistent, whether it be connected with a lesion of the kidney, whether it depend on contamination of the blood, or it be owing to the combination of both phenomena.

NEW MEDICAL STUDENTS.

THE completion of the registration of medical students shows but a slight modification of the positions of the several schools as given last week. University College heads the College of Surgeons' list with 91 new men; Guy's has 87; St. Bartholomew's 80; St. Thomas's 54; King's College 42; London 28; St. George's 22; St. Mary's 21; Middlesex 13; Charing-cross 11; and Westminster 9; making a total of 458 new students in London. In addition to these there are some students who enter for the dental curriculum only, who are principally at the Middlesex and St. Thomas's Hospitals.

THE LANCET.

LONDON: SATURDAY, OCTOBER 21, 1871.

IT is desirable at the present time to endeavour to form a definite notion of the prospects of the kingdom as to the diffusion of cholera, in the event, as is in the highest degree probable, of the epidemic again extending to our shores. If the subject be considered, first, in reference to the powers possessed by the community to limit the spread of infectious diseases, it will quickly become apparent that the country stands in a far better position in relation to the impending epidemic than it did to previous epidemics of cholera. Aforetime (such was the state of the law), the particular measures by which it might have been practicable to limit the diffusion of the disease at the outset could not be carried into effect until after the disease had become declared in an epidemic form—at a period, in fact, when measures of prevention became of necessity largely or altogether subsidiary to measures for the medical treatment of the infected. Under the impulse of the epidemic of 1866, the particular measures of limitation which heretofore, as a rule, were authorised to be carried into execution when the mischief they were designed to arrest had been in the main completed, and which could only be exercised temporarily, were placed permanently in the Statute-book. The epidemics of 1848 and 1854 had been very influential in bringing about that state of the law which permitted a permanent amelioration of the insanitary conditions that underlie the development of all epidemic diseases, and which are destructive of the health of communities. The epidemic of 1866 was equally influential in causing an extension and ripening of general sanitary measures; and especially it was the incentive for the Legislature to add, as parts of the statute law, the much-needed complement to these measures—namely, provision for those special means of limitation by which it is practicable to control the spread of infectious disease. Thus, the Sanitary Act of 1866 gives to local authorities at all times, and not during the exigencies of an epidemic or upon the initiative of the central authority only, abundant power to make provision for the isolation of sick persons suffering from infectious diseases, and for all necessary measures of disinfection.

It is of the utmost consequence that this important addition to sanitary law since the epidemic of 1866 should be clearly understood. As already stated, it changes entirely the standpoint of the community towards the impending epidemic so far as the more urgent means for the limitation of its diffusion are concerned. The initiative as to precautionary steps, which in previous epidemics rested largely with the central authority, now rests almost entirely with local authorities. It is for the latter, with the abundant warning which has been given, to put in force the powers they possess for the limitation of infectious disease; and they, and the communities which they represent, are alone responsible for the action which they take in the present emergency.

So far as the law is concerned, notwithstanding much crudity and lumberliness, the country was never before so favourably placed to deal with threatened cholera. If the different local authorities throughout the country were to exercise a reasonable foresight, by the provision of temporary places for the reception of the sick from the disease and the organisation of the necessary measures for disinfection, in addition to those general sanitary precautions which are required from them, the impending epidemic might be regarded with little dread.

To what extent local authorities have been aroused to a just sense of the duties imposed upon them by the law can only be in part surmised. The admirable activity of the seaport towns most immediately threatened by the epidemic, with the exception of the metropolis, is without a counterpart among the inland towns. There ought not to have been a doubt now as to our state of preparation, since the measures required by the recent epidemics of relapsing fever and of small-pox must have familiarised local authorities with the powers they possess for the limitation of infectious diseases, and ought to have largely facilitated the application of these powers to the case of cholera.

IT is a hopeful sign that, amidst the correspondence in the public journals on the subject of hospital out-patient administration, not one single word has been said in defence of the present system. The administrators of our Royal hospitals, who think it beneath the dignity of their very rich foundations to turn away any sick applicant without a dose of medicine, dare not defend their conduct in public, and the secretaries who tout for subscriptions by parading the weekly number of patients relieved are ominously silent. The letter from St. George's indicates that the pressure of public opinion is already felt; and we may confidently hope that the labours of the Out-patient Reform Committee will not have been in vain. It is, however, more than ever necessary that the sound practical recommendations of that Committee should be steadily kept in view. No one wishes to curtail in the least degree the operation of a sound and wise benevolence; but nothing is more certain than that an indiscriminate gift of medical advice and medicine, such as that which has been general at the out-patient departments of our hospitals and dispensaries, has seriously relaxed the independent spirit of the working classes, who, in London particularly, have of late made no proper attempt to pay for medical attendance either by joining societies framed for the purpose of supplying it, or, as formerly, by direct payments suitable to their means. Until this main evil is thoroughly seen and appreciated by the benevolent, it is hopeless to look for any real reform. We want the givers to appreciate fully the importance of helping the poor to help themselves; and happily the subject of provident dispensaries has been taken up by the Charity Organisation Society, who have just issued a set of model rules for the guidance and administration of these excellent institutions. A *précis* of these rules will be found elsewhere; and it will be seen that whilst the members will have the oppor-

tunity of securing the best medical advice and medicine or the assistance of a midwife by payments well within the means of the working classes, there is nevertheless an abundant scope for the personal service of the richer and more educated classes, who are invited to assist the members in the management of the institutions, and by their subscriptions (1) to provide an addition of ten per cent. to the fund contributed by the members; (2) to supplement the midwifery fees; and (3) to pay the expense of management and drugs. It is proposed that the whole of the members' fund, with the addition of ten per cent. referred to, shall be divided amongst the medical staff.

The Medical Committee of last year recommended that free dispensaries should be conducted entirely by the Poor-law authorities, and that the existing charities should be converted to the provident system; and now that the rules have been settled under the able advice of Dr. FORD ANDERSON, we may hope that the managers of the present free dispensaries will be summoned to a conference and requested to comply with so excellent a change.

With respect to the out-patient departments at the general hospitals, it is almost hopeless to expect that any great improvement will take place until public opinion is more strongly pronounced against them. The Prince of WALES should be memorialised to diminish the evil at St. Bartholomew's. There is no excuse whatever for the wasteful and indiscriminate administration of medicine in the casualty department of that hospital. The Poor-law guardians of the City, St. Luke's, and Holborn have established dispensaries at which every destitute sick person can obtain relief as promptly and as really valuable as that supplied in that department of the hospital. There is no shadow of reason why the thousands of out-patients should not be immediately reduced to hundreds. That this can be effected not only without damage, but with positive advantage as regards the teaching power of the hospital, is proved by the case of St. George's. Here the great reduction and strict limitation of the number of out-patients enable the staff to examine their patients thoroughly and to explain to the pupils the diagnosis and treatment; and, if more is necessary, we would suggest that the pupils should be allowed to attend at the public free dispensaries, and assist there in the treatment of the poor.

The main recommendation of the Committee has not, so far as we know, been adopted anywhere. The mere putting up a notice that none but the poor are eligible is a farce without some definite inquiries on the part of the hospital authorities are made. This is no part of the duty of the medical staff, and the recommendation was that every general hospital should be called upon to employ a special lay officer to make inquiries as to the social position and resources of all patients not admitted by special certificate from some agent of the Charity Organisation Society, or from a governor of the hospital, a clergyman, or medical man residing in the neighbourhood. This certificate ought to state that the applicant cannot afford to pay for medical advice, or is suffering from some disease requiring the special services of the hospital staff.

THOSE who would assimilate our military system to that of the continental nations encounter a stumbling-block which they cannot readily surmount when the great dissimilarity between England and other powers is pressed upon them. In Prussia, for instance, nearly every man is a soldier. A young fellow in Germany knows that he will not by entering the army have to leave his country and encounter the risks of foreign service. He never forgets that he will, sooner or later, return to the village or district to which he belongs; and to him "soldiering" does not mean the expatriation and comparative dissolution of domestic ties that it does in this country. There can be no doubt, we think, that a short service is correct in principle; but, practically speaking, it is extremely difficult to apply it to the men composing our regular army. The importance of Great Britain itself, when its narrow geographical limits are considered, would be relatively insignificant but that it forms the centre of an Imperial system of government over vast and distant territories and peoples, of which India may be reckoned as the most important. The periodical relief of our regiments at foreign stations already forms an enormous item of expenditure; and to shorten the period of foreign service would, of course, entail a considerable addition to that expenditure. Nor is it only the drain in money that has to be considered; the drain on the population of this country has likewise to be taken into account. There are many persons who desire to increase the number of married soldiers in our army. Many hold, and justly hold, that much of the immorality and ineffectiveness from disease of our soldiers is traceable to the relatively small number of married men in the different corps of the service. We are, however, again met by the financial difficulties, and the question of health. Increased marriages imply increased population and increased barrack accommodation and transport. As it is, with all that has been done of late years to elevate the position of the soldier generally, and to provide separate quarters for those that are married, there is vast room for improvement. Women and children in the army are exposed to innumerable shifts and discomforts. And, unfortunately, when we come to consider the question of health, the results that arise from the presence of married women and children in hot climates, and especially in India, are very disheartening. There is no doubt that married soldiers are, in many respects, placed under more favourable conditions in India than at home; but the amount of sickness and mortality among their families in the plains of that country is enormous—so enormous that many humane persons regard the practice of allowing women and children to proceed to India as a bad and culpable one. We have on previous occasions adverted to this subject, for the facts are not by any means creditable to our rule in India; and we are glad to call attention to an able article in a recent number of the *Indian Medical Gazette* in reference to it. First of all, however, what are the facts? Dr. HUGH MACPHERSON tells us that the average annual mortality amongst the children of our European soldiers in India, during the four years ending in 1854, was 68·83 per 1000; and the Sanitary Commissioner informs us that, in the six years 1864–69, the death-rate has averaged annually 94·41

per 1000 in Bengal. These figures tend to prove, therefore, that the ratio of mortality among these children has been increasing instead of diminishing of late years; indeed, in 1869 it reached such enormous proportions that 145·22 out of every 1000 European soldiers' children are stated to have fallen victims to disease in Bengal. The writer from whom we are quoting ascribes this death-rate—and correctly so in our opinion—mainly to climatic and dietetic causes. He shows that at the Murree Lawrence Asylum, where the children live in an excellent climate 6500 feet above the sea level, and are provided with a liberal diet, their health-condition has been most satisfactory in every respect, and the mortality insignificant. The experience at the Mount Aboo Lawrence Asylum and at the Loretto Convent at Darjeeling has been similar. Of the former Dr. MOORE writes that only one death from epilepsy occurred in the five years ending 1870 among an average of fifty children; while at the latter, in an approximate annual average of seventy children, only one death occurred in twenty years. It would seem, however, that the mortality among soldiers' children, even when located in the hills, is still relatively very great. It is probable, we think, that this difference in the health of soldiers' children quartered in the hills and that of children in asylums may be accounted for by the difference of age, for soldiers' families doubtless include a larger number of children of tender years. Still, there are good grounds for believing that the greater mortality among the latter is to be ascribed to the effects of unsuitable and insufficient diet. The Government allowance for a European soldier's child is inadequate to provide good milk and other necessaries of life. It is computed that in 1860 about 2500 married soldiers with their families were stationed in the plains out of the 2693 present with the British force in Bengal.

We need not go far to seek the remedy for this state of things. It comprehends the utilisation of hill stations to the utmost, and a better rate of allowance for the children of private soldiers. The writer in our contemporary indicates how all this really involves a question of State policy; and he suggests that the Government might, with proper management, obtain from among the children of European soldiers a yearly batch of hardy recruits for the Indian army.

IN the last part of SCHULTZE'S *Archiv für Mikroskopische Anatomie* (Band vii., Heft iii.) are two papers, one by TH. EIMER, of Würzburg, on the Structure of the Snout of the Mole, the other by JOS. SCHÖBL on the External Ear of the Mouse, both containing interesting points in microscopical anatomy.

The muzzle of the mole in part supplies the place of its extremely defective organ of vision. The sensory area is situated at its anterior extremity, and presents even to the naked eye a papillated surface. When examined with the microscope, the papillæ are found to be low elevations varying from a tenth to a fifth of a millimetre in height. The papillæ are composed of epithelium, which not only projects from the surface, but dips into the corium; the cells occupying the little fossa in the corium are ribbed cells. Each papilla is traversed from base to apex by an hourglass-shaped canal, the periphery of which is of course bounded by the epithelial cells. The canal is filled by a structureless homogeneous mass, probably of the nature of mucous tissue. The nerves traverse this tissue, and end by free extremities in the outer division of the hourglass-like cavity, which EIMER terms the tactile cone. The disposition of the nerves is very peculiar. If the skin of the snout be treated with chloride of gold, the corium is seen to be richly supplied with a plexus of medullated nerve-fibres. From these, small fasciculi containing twenty or more are given off, which run to the base of the papillæ and enter the inferior cone, at the same time losing their medullary layer. They then appear to arrange themselves in the form of a circle, presenting in transverse sections very much the appearance of the copper wires in the electric cables. As the fibres ascend the tactile cone towards the surface of the skin, they are connected by a slight nodal enlargement or varicosity with each successive tier of cells, terminating as near the surface as the third or fourth epithelial cell-layer. Here and there a nerve-fibre (cylinder axis) runs amongst the epithelial cells of the papilla external to the cone. As the number of papillæ is about five thousand, and as about twenty nerves enter each tactile nerve-cone, the total number of fibres must amount to about one hundred thousand, and their very superficial termination is a matter of great interest.

SCHÖBL'S account of the nerve-distribution in the external ear of the mouse is almost equally interesting. He states that he knows no cutaneous structure throughout the entire mammalian series that is so richly supplied with nerves—not even the wing of the bat. And he goes on to say that he has discovered peculiar tactile bodies in it, and a remarkable pale terminal plexus of sensory nerves. If the cartilage of the ear be horizontally divided so that the ear is split into two lamellæ, no less than four nerve-plexuses may be seen in each. Lying on the cartilage are the larger trunks, which usually divide dichotomously, and intercommunicate in seven different fashions. The second layer, like the first, is composed of medullated fasciculi, of smaller size, freely intercommunicating with each other, and lying immediately beneath the capillaries. The third layer is composed of still finer medullated fasciculi, and is on a level with the capillaries. Small fasciculi of this layer, composed of from two to four fibres, run to hair follicles, and, having encircled each with one or several turns, terminate in a little nervous coil, knot, or glomerulus at its base. The nerve-knots are almost perfectly spherical, with a diameter of about 0·015 of a millimeter; and they occasionally include a few ganglion-cells in their interior. SCHÖBL estimates the number of nerve-knots at about 12,000 for each ear. Finally, from the last-named nerve-plexus a fourth plexus arises, which is composed of pale fibres, and which lies immediately beneath the Malpighian layer. At their points of junction are well-marked nodal enlargements.

Both of the above papers are accompanied by well-drawn illustrations.

THE authorities at the island of Teneriffe have recently instituted a most rigorous quarantine on account of cholera, and it is rumoured that no vessels of any nationality are permitted to communicate with the port.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS.

On the 4th of November the examinations for the diploma of member of the Royal College of Surgeons of England will recommence, and with them, we fear, the system of gratuitous annoyance of the student, of which complaints have constantly been made, and especially during the past summer, by correspondents in these columns. As we have before pointed out, the system of receiving the candidates' fees only on the day of examination dates from the days of Okey Belfour or before his time; but a system which did very well when there were never more than twenty-four candidates on one occasion naturally is found wanting when candidates, owing to altered systems, are counted by hundreds. Is there any reason for keeping up the old system save tradition and official disinclination to move with the times?

That the case may be fully understood, we may explain that the young men who are going up for an examination, the first part of which is written and begins at *one* o'clock on a given Saturday, receive a numbered card desiring them to be at the College at *ten* o'clock *punctually* on that day to pay their fees. They attend only too punctually—i. e., half an hour at least before the time,—to find the College doors barred against them, and thus, whatever the weather, are obliged to congregate beneath the portico. The hour of ten passes without a sign; but after a delay varying from twenty minutes to half an hour, an official may appear. Expectation is now on tip-toe, but is again doomed to disappointment. There is no need for hurry, for the examination is not till one! At last the boy of the establishment begins to call out the numbers of the candidates, and they, with much struggling, deposit their money at the receipt of custom, and are at liberty to depart, somewhere about half-past eleven.

This is no fancy picture. Any of our readers may witness it for themselves; and we heartily wish the President of the College would find time to go down to the College and wait outside that he might appreciate the feelings of the students towards the College officials. Surely it is possible to receive the students' fees for a week preceding the examination, as is done at the universities?

The waiting and struggling outside the College are unseemly enough, but they are only a small part of the evil. Most students dread their early examinations overmuch, especially if the test is a written one; and the authorities ought in fairness to oppose no obstacle to their sitting down to the paper in as calm and collected a condition as is compatible with the trying circumstances. To struggle in a mob for an hour, and then to be left with two hours on hand in which to hang about the College without any special object, does not appear to us to represent the sort of preparation most suitable for an anxious candidate. At all events it is felt as a grievance by those who will shortly be affiliated to the corporation, and acquire a share in its property; and it is time that the governing powers of the College should remove the present system of needless annoyance to the candidates.

THE CORDY BURROWS TESTIMONIAL.

"LONDON-SUPER-MARE," as Thackeray called it, was unusually festive towards the close of last week. On Friday Mr. J. Cordy Burrows was presented in the Pavilion with an address and testimonial, in acknowledgment of his services, or indeed sacrifices, to Brighton during a space of thirty years. The company was a large and brilliant one. The testimonial, the gift of upwards of four hundred subscribers, consisted of—first, a silver model of the fountain erected on the Old Steyne in 1846 through the exertions of Mr. Burrows; secondly, a silver tea and coffee service; and, thirdly, a carriage and pair of horses. The Rev. Dr. Griffith, in presenting it, took occasion to recapitulate the various good offices rendered by Mr. Burrows to Brighton—offices which had laid under deep obligations nearly every interest, moral and intellectual, in the town. Mr. Burrows made a modest, genial, and highly effective reply, in the course of which he referred to the signal aid rendered to him in all his undertakings, professional and non-professional, by Mrs. Burrows. In the evening Mr. Burrows was entertained at a public banquet, also in the Pavilion; and again the proceedings were of the most gratifying nature to the guest. Mr. Burrows, we mentioned last week, has been selected by a large majority of the Brighton Town Council for nomination as Mayor in the coming municipal year—the highest compliment which his fellow-councilmen could pay.

THE CAMBRIDGE MEDICAL SCHOOL.

We observe with pleasure the announcement that Dr. Michael Foster has been elected to a Fellowship at Trinity College, Cambridge. Dr. Foster has long devoted himself earnestly to the study of physiology, more particularly to the practical parts of it, and is well known as an able investigator and successful teacher. Two years ago Dr. Foster was appointed to the office of Prelector of Physiology, then newly created and well endowed by Trinity College, for the purpose of promoting the study and teaching of that most important branch of natural science in the University. His lectures and practical instruction in the physiological laboratory have, we are informed, been much appreciated, and the College has now handsomely added to his emoluments and his influence by electing him to a Fellowship. He will be able to devote his whole time and energies to create a thoroughly good school of Practical Physiology in Cambridge, and we heartily wish him success in this good work.

Dr. Henry S. Wilson, well known to old Edinburgh students as an able assistant to Professor Goodsir, has been appointed Demonstrator of Anatomy under Professor Humphry. He retires from private practice in which he has for a few years been engaged near Manchester, gladly availing himself of the opportunity to return to science, and intends to devote his whole time and energies to the prosecution and teaching of Anatomy at Cambridge.

With these two additions to the working and teaching staff we may have good hope for Anatomy and Physiology at Cambridge.

On looking over the list of recently-appointed examiners for medical and surgical degrees at Cambridge we cannot fail to be struck with the change which in the last few years has taken place in this respect. Instead of examinations being conducted, as we remember to have been the case, entirely, or almost entirely, by the several professors, there are now no less than five of the new examiners resident in London, and connected with the metropolitan hospitals—namely, Mr. John Wood, of King's College Hospital; Dr. J. W. Ogle and Dr. Barclay, of St. George's; Dr. Herbert Davies, of the London Hospital; and Mr. G. W. Callender, of St. Bartholomew's. Of these it may be observed that one is a member of the University of Oxford, and two are not members of either University. These names are at once a proof that the University is actuated by no narrow spirit in its selection, and a guarantee that the examinations will be of the most thorough and practical

character, and that the Cambridge degrees are not likely to fall in the estimation of the public. We wish we could see more evidences of a similar liberality of spirit in the appointments of examiners by some of our London corporations.

MEDICAL SOCIETY OF LONDON.

THIS ancient Society held its first meeting for the present session on Monday evening, the President, Dr. Andrew Clark, in the chair, and with a very full attendance of Fellows. According to custom, the President delivered an address, in which he spoke of the prosperity of the Society, and which derived additional interest from its containing a full account of the last illness of Dr. Hyde Salter. Dr. Richardson then read a paper on a mode of rendering animals insensible to the pain of slaughtering; and Mr. Gay followed with one upon a previously undescribed disorder of the veins of the leg. On the motion of Mr. Dunn, discussion on Mr. Gay's paper was adjourned to the next meeting; and an abstract of the author's propositions will, in the meanwhile, be placed on the library table.

THE CONTAGIOUS DISEASES ACTS.

As is usual at the Social Science Congress, the advocates of the repeal of the Contagious Diseases Acts had their field day; not, as usual, in the Health Department, but in that of Economy and Trade. There is not wanting, however, evidence that respectable people are beginning to sicken of an agitation the carrying on of which is, however unwittingly on the part of the agitators, distinctly in the interests of brothel-keepers. The Leeds Local Committee, we are glad to say, passed a resolution recommending the General Committee altogether to exclude the subject from the agenda of the Congress; and the General Committee so far conceded the point as to desire the exclusion of reporters. In this we think they were wrong, and rejoice that they were defeated; since Mr. Alsager Hill availed himself of the opportunity to demolish the stock grievance about there being no State inspection of possibly infected men. He told his audience that every tradesman, however reputable, is liable to inspection in his business, to inspection of his weights and measures, of his meat, fish, fruits, and other commodities; which, if faulty, may be seized and condemned. In like manner, a woman who offers her person for money to the first passer-by is justly liable to inspection. The argument seems to us to be absolutely unanswerable. We trust, however, that the Plymouth Local Committee will repeat, next year, the protest that was ineffectually made at Leeds, and will repeat it with greater force.

THE ALLEGED CURE OF LEPROSY.

WITH the exception of Batavia and Iceland there is probably no region where leprosy prevails to a greater extent than it does in Bombay. It appears that Dr. Bhau Daji has, or believes he has, a remedy for this terrible affliction. Whatever the remedy is, the doctor has apparently, up to the present time, studiously concealed it. Our contemporary, the *Overland Star of India*, recently made this the text for some comments on the conduct of members of the medical profession who, possessing some secret of their art, persist in concealing it from the world. The answer that has been put forward as regards Dr. Bhau Daji amounts to this—that a scientific experimentalist is not bound to reveal to the world the different stages in the progress of his researches. Although we consider that the exercise of a philosophical spirit, such as would lead an experimenter to hesitate before promulgating a cure for a terrible and hitherto irremediable malady, is to be commended, especially in these days, we think that Dr. Bhau Daji's position is not parallel to the one which we have stated. The doctor has, it is said, been testing his remedy for four years, and he must therefore have some reasonable grounds for forming an opinion on the value of his discovery. Supposing that an enlarged experience is still necessary before a final verdict can be expressed, by what better or easier method could this be obtained than by enlisting the co-operation of other medical men in the inquiry? The medical profession has, to its honour, always been opposed to the use of secret remedies in the cure of disease. We presume that the results of Dr. Bhau Daji's observations and experience have led him to believe that he possesses a remedy of some value, or he would, by this time, have discontinued his attempts at the cure of leprosy by its means. Let him, then, publish to the profession his method of procedure. It will be no discredit to him if his hopes are not realised, and he will be well entitled to the honour he will surely obtain if they are well founded.

THE PATHOLOGICAL SOCIETY.

THE first meeting of the new session of this Society was held on Tuesday in Berners-street. In consequence of the alterations now in progress in the Medico-Chirurgical Society's rooms, the meeting was held up stairs; and although the number of Fellows present was not great, the apartment was completely filled. The chair was taken by Mr. T. Holmes, in the absence of Mr. John Hilton. Mr. Holmes shortly addressed the Fellows present, congratulating them on reassembling to commence another period of work. The annual report—a proof copy of which was handed round for inspection—would, he said, be soon in the hands of the members; and although somewhat less bulky than some of its predecessors, it was fully equal to them in the quality of its contents, and was enriched by some excellent plates in addition to numerous woodcuts. The pathological specimens exhibited were some of them of great interest, and evoked much interesting discussion. The chief feature of the evening was undoubtedly a number of hydatid cysts of the peritoneum, which were exhibited by Dr. Murchison, and which had been removed by Mr. Spencer Wells from a female patient, who is still alive and in tolerable health.

CONVALESCENT HOSPITALS.

WE have for some time consistently maintained the opinion that, on the score of utility, efficiency, and economy, it is better to spend money in establishing rural convalescent homes in connexion with urban hospitals than to enlarge the latter. We believe that this opinion is now very generally subscribed to by those best informed on questions of hospital hygiene, and practical action in this direction is already being taken in various parts of the kingdom. We have pleasure therefore, in connexion with this subject, to notice the satisfactory condition of an institution of the kind recently established, called the Prudhoe Memorial Convalescent Home. It is situated at Whitley, near North Shields, and receives patients from the Newcastle-on-Tyne Infirmary. The idea of originating such an institution is due to the Rev. J. Lintott, who was chaplain to the Infirmary in 1859, and the present building forms a memorial of the late Duke of Northumberland, who has left numberless tokens of his charitable doings in the county. The building is arranged on the pavilion system, and accommodation is afforded for sixty patients. All the apartments have a sea-view, and the building is raised several feet above the level of the surrounding ground, being approached by means of an elevated terrace, with steps

at the centre, and an inclined roadway at each side. The structure is somewhat pretentious, but the arrangements are so good as to be worthy of imitation. We conceive that an equally useful building might have been constructed at less expense, because the style is Gothic, and therefore, as a natural consequence, costly; but we take it that the Prudhoe Home is among the most successful of convalescent hospitals hitherto established in the provinces.

THE COUNCILS-GENERAL AND THE PROFESSION IN FRANCE.

THE number of medical men returned in the provinces of France at the recent elections for the Councils-General is really very considerable, and may be said to constitute something unexampled in the annals of the medical profession of that country. The lukewarmness hitherto of French medical men for everything touching upon public and political matters had become almost proverbial. It seems that the recent political convulsions of France have stirred them up to action, and given them a sense of the duties which they owe to society and to their country. The presence of members of the medical profession will be especially useful in the Councils-General, where such a variety of local sanitary matters of the highest importance will have to be discussed. Amongst other things, that body will have to decide upon such questions as the establishment of hospitals and asylums, Poor-law matters, lunatic asylums, the provision for medical assistance in remote parts of the country, the education of midwives, the bestowal of grants and subsidies upon local scientific societies, &c.; and how all this could be done without the active interference and enlightened assistance of professional men was scarcely to be imagined. There is another matter in which their action in the Councils-General will be still more useful and efficient. Apparently among the many results of the recent political changes in France must be reckoned the institution of free teaching, and coupled with this, as a necessary consequence, the establishment of provincial schools of medicine. It is obvious that, both in determining the possibility and the bearing of such considerable local enterprises, and in carrying out so complicated and technical a proceeding as the institution of a medical school, the *rôle* of the professional men sitting in the Councils-General will be important in the highest degree.

"BOGUS" DEGREES.

THE *Philadelphia Evening Bulletin* has a very severe article on what it calls the trade in medical and other honorary degrees, which, it says, has found its head-quarters in Philadelphia. The *Bulletin* says the common practice is to set up an institution closely resembling some respectable college or university, and to trade upon its reputation in places sufficiently remote to prevent any personal inquiry into the establishment offering the degrees for sale. In the recent shocking abortion case in New York the operator's diploma dated from "the American University of Philadelphia," an institution which many confound with the University of Pennsylvania, the degrees of which could no more be bought than the moon could be bought, according to the *Bulletin*. The University of Pennsylvania is so beset with inquiries on this subject that, in self-defence, it has issued a circular, in which it sets forth that the sale of academic degrees is prohibited by its own regulations, and by the law of the State of Pennsylvania, giving the section of the Act. We sympathise with the University of Pennsylvania, and willingly give additional circulation to the fact of its indignation and offence at the trade carried on in some sort in its name by apparently two institutions, "the American University of Philadelphia and Eclectic Medical College" and "the Philadelphia University of Medicine and Surgery." At the same time the remedy for this great evil must come from the action of the law in the United States, and until the crying evil of numerous schools and so-called universities is remedied by the legislature, there can be little hope for the progress of sound medical education. If worthless degrees can be bought in two or three institutions in each State, many men are not likely to take the degrees which imply merit and trouble. We heartily thank our Philadelphia contemporary for its exposure of this disgraceful trade.

THE CLINICAL SOCIETY.

THE first meeting of the Clinical Society was held on Friday, the 13th instant, in the rooms of the Medico-Chirurgical Society in Berners-street. The President, Dr. Gull, prefaced the session by a few brief remarks. He recurred to an opinion, before enunciated, that experience was in many cases fallacious, that we were all too fond of appealing to experience, and that hence, when appealed to, it should be beyond criticism. He congratulated the Society on the volume of Transactions that had just appeared, which volume indicated a very fair amount of good and honest work. And in the matter of prospective work, he urged the members to bring forward, in a concise form, any symptom, or the natural history or treatment of any particular disease, likely to forward the great aim of practical medicine—accuracy of diagnosis. Three interesting papers were read by Dr. Bäumler, Mr. Nunn, and Mr. Lawson respectively, and some pertinent remarks were made by Mr. Henry Lee on the very great importance of cultivating conciseness in all papers read before the Society. The remarks appeared to sink deep into the minds of those present, and may assist to abbreviate many valuable future communications without detracting from their usefulness or interest.

WHAT BECOMES OF ALL THE CHLORAL?

LIKE most things, medicine has its fashion; and as every dog is said to have his day, so doubtless will chloral.

For headache, toothache, stomachache, and all the aches that flesh is heir to, chloral, we know, is the present panacea. But who would venture to imagine, far less to believe, that it is manufactured and *consumed* in tons weekly! Such, however, would seem to be in reality the case, for in a private letter which Dr. George Harley received from Baron Liebig on Saturday last, the distinguished chemist makes, among other remarks upon the hydrate of chloral, the following, which for the sake of our non-German scholars we translate into English:—"I spoke," says Liebig, "yesterday to a chemical manufacturer, who told me that he makes weekly half a ton of the hydrate of chloral; and that it is used in such enormous quantities in Germany and England that it is impossible to believe that its employment is limited to the sphere of medicine alone. It must be used for other purposes. Some affirm that it finds its way into our beer!"

OVARIOTOMY IN AUSTRALIA.

IN the *Australian Medical Journal* for August, six cases of ovariotomy, by Richard T. Tracy, M.D., lecturer on obstetrics in the University of Melbourne, are reported. Of these, no less than five recovered. Dr. Tracy, who was the first surgeon to perform ovariotomy in Melbourne, has now operated in thirteen cases, of which ten have recovered and three died. Dr. Martin, too, had operated successfully in a case a few days before Dr. Tracy's last case. It is very

gratifying to have to report such successful surgery in our colonies. There was no selection of cases, and in no case was operation refused. In one the patient was a few months advanced in pregnancy, and her state was urgent. Dr. Tracy tapped, then brought on premature labour, and after the lapse of a month, the sac having refilled, operated successfully, notwithstanding very strong and extensive adhesions, and the necessity of applying the olive-bulbed cautery to about twenty bleeding points of the peritoneum, where the tumour had been adherent.

KING'S COLLEGE MEDICAL SOCIETY.

THE introductory meeting of this Society was held on the 12th inst. at King's College. There was a good attendance of members. The chair was occupied by Professor Rutherford, who was supported by Professor Johnson, Professor Bentley, Professor Wood, F.R.S., and Mr. Cheere, the treasurer of King's College Hospital. The pleasing announcement was made by the Chairman that Mr. Cheere had generously presented the sum of five guineas to the Society, to be given as a prize to the member who in the opinion of the Committee most merited it, on account of original work or other similar cause. This makes the third prize of this kind which the Society has been enabled to offer for competition among its members; and we are glad to hear that, financially, as well as scientifically, it is in a most flourishing condition. After the preliminary business an inaugural address was read by Dr. Cotterill, one of the vice-presidents. He took for his subject "Medical Reform," and kept his audience thoroughly interested while he stated his views upon this important topic. The usual votes of thanks brought the proceedings to a close.

CONVICT MORTALITY IN INDIA.

"IF a European," says the Calcutta correspondent of the leading journal, "is sent to prison in ill-health, the chances are that he will never come out again." Throughout India the mortality among convicts is simply frightful. Take Bengal, for instance, as it is represented in the latest Administration Reports of the various provinces of the peninsula. In 1869, in all the prisons in that presidency, 988 males and 40 females died: 181 died of cholera out of a total of 521 cholera patients; there were 4031 patients from dysentery, and of those 279 died; while of 10,335 fever cases, 86 terminated fatally. Diarrhœa, out of a total of 2937, cut off 634. And yet we are assured that the sanitary regulations of the prisons of India are "excellent"—so excellent, in fact, that they sufficed in many cases to preserve the prisons from cholera when that disease was prevalent in the surrounding population! There must, of course, be something wrong, but where, or in what respect, will remain a mystery, till the record of sanitary improvement in India becomes a less tedious process than that of registering the movement of a glacier.

DISUSED SMALL-POX HOSPITALS.

THE Hackney Vestry have advertised the sale of the temporary hospital for small-pox. We cannot but regard this proceeding as very ill-timed. The question of hospital provision for cholera is still under consideration, and it may be that the vestry will require a similar structure next year. It would therefore have been wiser to delay taking action in the matter until the question of hospital accommodation shall be put on a satisfactory footing. Moreover, the sale of boards and windowpanes salivated with the infection of small-pox is, to say the least, imprudent, if not positively dangerous. Disinfecting processes are at present by no means so certain that they should be relied upon implicitly, whilst a year's exposure to the influence of the atmosphere would certainly reduce the danger to a minimum. On all grounds, we think it would be wise and economical to retain all the temporary small-pox hospitals for at least another year.

UNIVERSITY OF GLASGOW.

WE are requested to state that the combined fee for the first course of Prof. Allen Thomson's Descriptive Lectures and Demonstrations, together with Practical Anatomy, is £5 5s., and not £8 8s. as stated in our tabular synopsis of the courses of instruction delivered in the different medical schools contained in the Students' Number of THE LANCET for September 9th.

THE CORONERSHIP OF NORTH NORTHUMBERLAND.

DR. REID, of Newbiggin-by-the-Sea, has come forward as a candidate for the office of coroner, and is sanguine of success. We cannot but regret that Dr. Reid should divide the profession by coming forward after a member of the profession has announced his candidature who is his senior and likely to command the support of professional brethren. We venture to hope that Dr. Reid will reconsider his position. He would act magnanimously in withdrawing on this occasion, and giving his valuable support to Mr. Smiles.

THE West Riding Asylum witnessed on the 13th inst. the first of a series of medical *conversazioni*, instituted by Dr. Crichton Browne, with a view to promoting among the profession in Yorkshire the interchange of ideas on scientific medicine in general, and on the treatment of nervous diseases in particular. To an audience of more than one hundred and fifty practitioners Dr. Anstie delivered an address "On the Hereditary Connexions of Nervous Diseases with each other," and received a hearty vote of thanks, proposed by Dr. Chadwick, of Leeds, at the close. In the course of the evening Mr. Brudenell Carter gave an interesting demonstration of the reflecting ophthalmoscope. We congratulate Dr. Browne on the successful initiation of a praiseworthy enterprise.

THE first meeting of the Association of Medical Officers of Health of the present session will be held this (Saturday) evening at 7.30 P.M.; when Mr. Gardener Brown, F.R.C.S., will exhibit his patent self-acting deodoriser for water-closets, &c.; and Mr. Liddell will read a paper on the relation between defective ventilation and the mortality from tubercular diseases, convulsions in children, teething, atrophy, and debility.

WHILE Mr. Serjeant Cox and Mr. C. F. Varley, C.E., F.R.S., are organising a society for the regular investigation of "Spiritualism," the *Quarterly Review* devotes a long and elaborate article to the whole subject. The reviewer, who is especially severe on Mr. Crookes, concludes that, "as far as regards the physical manifestations, there is nothing left to investigate except the knavery of one set of performers and the self-delusion of others."

THE authorities of the Seamen's Hospital have received an unusual number of cases of intermittent fever out of ships arriving from the South-East Coast of North America and the West Indies; and many ships have been reported in the *Maritime Intelligence* and the *Shipping Gazette* as having been found by other vessels on the high seas, or as having arrived in port, with more than half their crews helpless from the disease.

A TABLET of richly carved Caen stone, with panel of Sicilian marble and serpentine marble columns, has just been placed in the Derry Cathedral "in memory of Thomas Henderson Babington, M.D., F.R.C.S.I., M.R.I.A., surgeon to the County Londonderry Infirmary, Mayor of Derry, who died August 2nd, 1869, aged fifty-six years. His medical brethren in this city and neighbourhood have erected this tablet in testimony of their affectionate regard for him as a friend, and as a record of their appreciation of his distinguished professional attainments and eminent public services." The monument is furnished from the establishment of Messrs. Cox and Son, Southampton-street, Strand.

"OUR lively neighbour the Gaul," having given small-pox a distinct impulse in London last year, is bestowing the same delicate attention on our colonies. The French transatlantic company's steamer *Caravelle* has introduced the distemper into Kingston, Jamaica, the inhabitants of which, according to the *Gleaner*, are much exercised in mind as to the reception of the unwelcome guest. The *Gleaner*, a little late in the day, recommends vaccination.

THE Liverpool Health Committee have postponed the consideration of the question of appointing a public analyst pending the reconstruction of the Committee. In addition to the pecuniary remuneration awarded to Dr. Parkes and Dr. Sanderson, the Committee have proposed to the Council a special vote of thanks to those gentlemen for their invaluable sanitary report.

DR. WHITMORE draws attention to the fact that in Marylebone the primary vaccinations performed by the public vaccinator of the parish have fallen off considerably during the last two months. With the abatement of the epidemic, people become less solicitous about preventive measures—against small-pox as against other epidemics.

THE trustees of the Leeds Infirmary have received information that Mrs. Brooke, of Gateford House, Selby, in furtherance of the desire of her late husband, the Rev. Richard Brooke, has bequeathed to that institution, as she has done to the Royal Albert Asylum for Idiots, the sum of £30,000, one-half of which will be paid immediately.

WE are glad to hear that it is intended to remove the 18th Hussars from Secunderabad to Bangalore. The regiment has been a long time in India, and the men are said to have become a good deal enervated by the effect of their tropical service. It was supposed that their susceptibility to epidemic cholera was attributable to this cause.

THE lady medical students at Edinburgh, in spite of the announced decision of the medical faculty of the University against their admission to the preliminary examination, resolved to present themselves before the examiners. On Tuesday, therefore, they were examined by Prof. Balfour under protest.

THE office of Inspector of Anatomy for England and Wales, vacant by the death of Dr. Cursham, has been conferred upon Dr. John William Ogle, of St. George's Hospital.

A DESPATCH from Constantinople records that cholera has reappeared at the village of Haskeuci, and that sixty deaths have already occurred.

M. NÉLATON, it is said, has announced his intention of residing permanently in England.

A NIGHT VISIT TO THE HAMPSTEAD HOSPITAL.

As considerable reluctance to enter Hampstead Small-pox Hospital has been excited in consequence of the evidence already adduced at the official inquiry now proceeding, and as some local authorities have resolved that no patients shall be sent until its termination, we have thought it desirable to make a special inspection of the present condition of the hospital. With this object we paid a visit to the institution shortly before midnight on Monday last, and give our readers the benefit of the information we obtained. We have no wish to prejudge the inquiry now going on with reference to the past management of the hospital; we merely speak of its *present state*. Our visit being totally unexpected, and at a very unusual hour, we naturally experienced some little opposition to our admittance, which was, however, soon overcome. Our first object being to see the arrangements for night nursing, we asked to be conducted at once to the sister in charge for the night. We found this lady both obliging and communicative, and owing to the courtesy shown us by herself and one of the junior medical officers, we were enabled to see everything and anything that we desired. The arrangements for watching and caring for the patients during the night were, on the whole, thoroughly good. There was an experienced, properly trained nurse in each ward, who, when there was any necessity for it, was assisted in her work by a convalescent patient. To supervise these nurses, there was likewise a night-sister on duty, who visited each ward periodically, to ascertain that the nurses were at their posts and awake, and who by her superior intelligence and knowledge was enabled to render assistance or give advice in cases which required it. The actual state of things on Monday night was this: there was one nurse in charge of every ward, excepting in the female convalescent ward, *where there was no nurse at all*. The patients here were all asleep and quiet; none of them were likely to require medical assistance during the night, and they were to be visited at intervals by the night sister. Considering the class to which these patients probably belong, we must say that we think it is false economy not to subject them to constant supervision. The risk of anything going wrong is of course comparatively small, but surely it would be as well, in an institution towards which the eye of the public is so critically directed, to make assurance doubly sure, especially as the trouble or expense in doing so would be infinitesimally small. In one ward a male convalescent patient was assisting the nurse in her duties. The hospital is at present far from being overcrowded. Many of the wards are no longer in use, and in the wards which are still kept open there is a fair sprinkling of empty beds. On Monday night there were about 130 patients in the hospital.

Nobody can fail to be struck by the wards in the Hampstead Hospital. They are airy, spacious, warm, and sweet, and leave nothing to be desired in any way. There was nothing the least offensive in the atmosphere of any of the wards, though the faces of many of their slumbering occupants showed that some at least of the causes of a vitiated atmosphere were abundantly present. The waterclosets were particularly free from any offensive odour.

The supply of nourishment for the night may have been sufficient, but it was, on the whole, scanty. In one ward, containing between twenty or thirty patients, the night supply consisted of about half a gallon of milk, no beef-tea, and no brandy or wine in case of emergency. An explanation was offered to the effect that the patients had already had their beef-tea, and about a third of them had a half pint mug by the bedside partly filled with milk. We know it is true that "you can't eat your cake and have it," but still it is hardly good management not to be able in case of necessity to provide food and nourishment for patients suffering from an acute fever. The milk seemed to be tolerably good, but with regard to the beef-tea, a sample of which we

tasted, the less said the better. It was, in fact, but sorry stuff, with a strong smell of "Liebig" and a thin ketchupy taste. Although perfectly cold, it was as limpid as pure water, and if it contained, as we suspect it did, as little albumen as gelatin, its nutritive value must have been slight indeed. We do not think it merited the name of beef-tea at all, and was little more than an infusion of the extract of meat. There was nothing offensively nasty about it.

We were shown the bath rooms. They are large rooms adjoining the ward, from which they are separated by solid partitions and two doors, and they are provided with a large window communicating with the open air.

The sister further showed us the method of tying down in use at the hospital. A sheet is folded till it is about two feet wide, and is then laid across the patient's chest and passed under his armpits, to be fastened to the head-rails of the bed. We know that much difference of opinion exists as to the best mode of treating delirious patients, and whether a folded sheet or a couple of attendants is likely to prove the more irritating form of restraint; but we think that no one could possibly object to the Hampstead method on the ground that it would be more likely than other means to cause physical injury. We visited the lavatory for convalescent patients, which is fitted up in one of the huts detached from the main building. We dare say it answers the purpose well enough, but is utterly devoid of any proper lavatory fittings. There is not a tap for each basin as there ought to be, and there is no proper arrangement for the waste. The basins, which are of tin, have to be carried to a tap to be filled, and carried to a sink to be emptied. As a consequence of this the floor is covered with puddles of water. The round towels were not clean, but we have often used dirtier ourselves without thinking it necessary to complain.

Two of the huts have been fitted, the one as a recreation-room, and the other as a sort of concert-room, where the convalescent patients amuse themselves in various ways. The general impression left upon our mind after our visit was that the hospital, in all essential features, was a remarkably good one. The building was clean and airy, and admirably adapted for its purpose, some of the wards being of very striking proportions; the beds and bedding were first-rate; and the nursing, from what we saw and heard, appeared to be in the hands of thoroughly competent persons. We have purposely not omitted to mention anything which struck us as being susceptible of improvement, but we are bound to say that the bad points were more than counterbalanced by much that was excellent and merited our warmest approbation. Without, therefore, in any way committing ourselves upon the past, we may confidently assure the public that there is at present absolutely no danger of any patient experiencing anything but proper and kind treatment.

THE SOCIAL SCIENCE CONGRESS.

OUR business with the Congress that has just met and parted at Leeds is necessarily almost limited to the proceedings of its Health Department. It is quite true that every one of the branches into which the work of the Social Science Association is divided has some special grounds of appeal to the medical profession—some special aspects as to which members of that profession have unusual facilities for discerning the hiding-place of truth amid the din of controversy. But life is short; and our space is only too limited. We must perforce turn away from many important collateral issues; and must be content to place before our readers a brief *resumé* of the labours of the health reformers alone. The matter absolutely reported from their meeting-room by the local press, the mere brief abstracts of papers and the outlines of speeches, fills just ten yards of newspaper column in its smallest type, and amounts, in round numbers, to 36,000 words. It is impossible to avoid the inference that the wisdom of the department must have been flowing in a state of considerable dilution; but we may reasonably hope that this circumstance may tend to promote, rather than to hinder, its assimilation by the general public.

We referred last week to the important suggestions made by Mr. G. W. Hastings with regard to the size of the area that should be made the unit of future sanitary administration, and need not deal further with that branch of the subject. Immediately after the delivery of Mr. Hastings' address, the department proceeded to its proper business, under the presidency of Mr. Godwin, F.R.S. The vice-presidents were Drs. Chadwick, Heaton, and Mouat, Messrs. Filliter, C.E., Rawlinson, C.B., C.E., and Powell. The secretaries were Captain Clode and Dr. Hardwicke; the local secretaries, Drs. Clifford Allbutt and Robinson.

In all departments of the Congress questions for discussion had been framed by committees, and papers bearing upon these questions took precedence of all others. In the Health Department the question for the first day was—"What are the best and most economical methods of removing and utilising the sewage of large towns." The papers on the subject were by Mr. Rawson (manager of the A. B. C. process), Dr. Elliott, Mr. Symington, and Mr. McGowen. They were in each case written to advocate some single method, not impartially to review the whole question; and they led to a debate in which about eighteen or twenty speakers took part, but which, on the whole, was eminently unsatisfactory. It was quite manifest that many of the speakers were practically acquainted with only one method of dealing with sewage, and that others were acquainted with none; while even the president, in his closing speech, failed to give either a judicial summing up or a judicial decision. He expressed a strong opinion, however, in favour of irrigation, and the best informed among those present seemed very generally inclined to concur with him.

On the second day the proceedings were commenced by Dr. Acland, who read a weighty and well-considered paper "On the Sanitary Care of Villages and Cottages." His main object was to urge that the removal of refuse from villages or single cottages ought not to be left to the occupier, but that it should be undertaken either by some public authority or by the landowner. He pointed out that in any well-ordered modern town the poor have the cleansing and scavenging of the surroundings of their homes done for them. In a village or isolated cottage the labourer, often ill-fed, always hard-worked, either performs this duty himself, or it is left undone. He has to do it before his day's work, after it, or by losing it. What this implies, only those who know the people well can judge, and the results are more injurious than can be readily estimated. The condition of closet accommodation in some villages and cottages is such as to be virtually inconsistent with a sense of domestic order, and is not seldom productive of the most injurious effects upon the health of the family. The water is poisoned. Fevers are originated, and permanent ill-health is engendered through recurring bowel attacks. An untidy and miserable state of the surroundings becomes the habit of the family. The children grow up with these associations, having no other standard of decency. They have known and desire nothing else. Many facts could be told to show the extreme gravity of this matter in our rural districts—grave from its effects on the health of individuals,—grave, more grave, from the effect on the moral nature by engendering indifference, and on the intellectual powers of observation and reasoning by breeding ignorance and consequent false opinions on common matters of every-day life. Dr. Acland further anticipated the possible objection that the proper cleansing of rural dwellings would be too costly, by pointing out that the rural populations are becoming nurseries of town populations. They cast into the towns either a strong, decent, manly people, or an enfeebled progeny, brought up unwisely. The rural districts contain no less than 9,803,811 persons, having increased in the last ten years by 668,428. The case of the villages is, therefore, apart from special humanity towards individuals, a truly national question; and, on the whole, there is no doubt that an arrangement can be made in every rural district whereby the poor labourer may have the necessary surroundings of his home kept in order for him, as is done for the artisan in a town. It would conduce to his health and energy, and it would be both just and politic, since all who believe in the existence of national health and national morality feel that the agricultural labourers deserve the utmost care of the nation.

A second paper on the same question was read by Mr. P. H. Holland; and a discussion followed, in which a great number of successive speakers trotted briskly away from the question before them on the backs of their respective hobbies. Mr. Lamport advocated the insertion of inch drain pipes into house walls, these pipes to be three feet apart, and to terminate in an air shaft leading into a chimney. Mr. Rawlinson spoke of the untruthfulness of the entire French population, and described the past and present sanitary state of Windsor Castle. Mr. Brierly said that the question divided itself into two parts. Mr. Wilson advocated the suspension (not functional or metaphorical, but actual and *per coll.*) of all existing architects. Mr. Rawlinson, in a second speech, wished to offer some advice as to the condition of Leeds; and afterwards, in a third, disclaimed any idea of censuring the town. Many other gentlemen contributed to the general mass of talk, and Mr. Chadwick at last proposed the formation of an entirely new business, that of a contractor for the diminution of mortality. After this there was nothing left but for the President to close the discussion.

On the third day the papers themselves began to assume a somewhat heterogeneous character. The first was by Mr. Chadwick, "On the Sanitary Influences of Town Pavement," and in substance, if not in actual form, it had previously been published in the *Journal of the Society of Arts*. Professor Bischof, of Glasgow, described a method of purifying water or sewage by filtration through sponge-iron. Mr. Dyke gave an account of the modes in which outbreaks of pestilent fever are dealt with by the authorities of Merthyr Tydfil. Dr. Fergus, of Glasgow, read a paper "On the Production of Disease by Excremental Pollution," and pointed out that sewer gas may so corrode metallic soil-pipes as to produce perforation, through which it may gain access to houses; and also that these perforations will be in the upper portions or surfaces of the pipes, where they will not occasion water-leakage, and may therefore, easily be overlooked by plumbers. The general opinion seemed to be that such accidents were to be prevented by adequate sewer ventilation. *Apropos* to one of the papers, but it would be hard to say which, Mr. Rawlinson delivered an energetic address in support of sewage irrigation.

On the fourth day the first paper was by Dr. Stallard, on the special question "What are the best means of Promoting the Health of Operatives in Factories and Workshops?" Dr. Stallard maintained that the depressed condition of such operatives is due to the want of a supply of pure air adequate to their requirements, and that such a supply could not be afforded by any of the ordinary arrangements for what is called ventilation. He proposed a plan by which the ceiling of every workshop should be formed of zinc or of oiled paper, pierced by numerous perforations. Above this perforated ceiling, between it and the roof, or between it and the next floor above, should be a space or air-chamber, freely open on all sides to the surrounding atmosphere. In this way it might be possible to obtain complete and effectual change of the air of the workshop, by giving full play to the principle of the slow diffusion of gases, and by giving sufficiently free access to the external air, while at the same time there would be no draughts and no exposure to inclement weather. The plan would not interfere with the employment of opposite windows, or of ordinary methods of warming rooms. The object was to maintain the principle of living in the open air under all conditions, whether in winter or summer, day or night. Dr. Stallard thought this principle as necessary in a bedroom as in a drawing-room, and as necessary in a factory as in a hospital. It had been ignored by all architects since the Roman era; but he would observe that the courts of the Pompeian house were but a more open arrangement than the one proposed. The discussion which followed was chiefly speculative, until Mr. Rawlinson introduced into it a description of the huts used in the Crimea, and of the disastrous consequences which their use entailed. Dr. Stallard, in his reply, said that his system would very soon be practically tested.

Mr. Rickards then read a paper descriptive of the benefits that have accrued from our various Factory Acts; and this, after a short discussion, was followed by one from Mr. Holland, on a cheap mode of preventing waste of water under a system of continuous supply. He said that waste chiefly arises from some consumers allowing many times as much water to run away as they use, with the effect of making the average quantity supplied greatly exceed the average quantity used. The remedy proposed was to supply each house with not much more water than would be fairly used. Five gallons per individual, or twenty-five gallons per house, was more than was likely to be used per diem; but on washing days twice that quantity might be needed. This quantity might be supplied through a mere pin-hole, discharging at the rate of two gallons an hour, and might be conveyed through a pipe a tenth of an inch in diameter, running very slowly, and therefore with very little friction. To avoid the inconvenience of having to wait for such a slow discharge a small receptacle would be needed, large enough to hold as much as would be wanted at once. This very ingenious method of depriving a continuous service of all the advantages by which it is recommended led to a good suggestion from Mr. Filliter, who occupied the chair during the discussion. He advised the use of a meter system under proper regulations—so managed that every occupier should be bound to pay a minimum rate, say of 5s. or 10s., for which he should be entitled to pass through his meter 10,000 or 20,000 gallons. If a man consumed more, he should be compelled to pay for the excess. He would let people have an ample supply for all reasonable purposes, but would rigorously prevent the abominable waste that now takes place in large towns.

On the fifth day Dr. A. P. Stewart read a paper by Dr. Rumsey "On the Progressive Degeneracy of Race in the Town Populations of Britain." The author quoted evidence in support of the assertion that the average physical type of Englishmen has degenerated of late years, that broad chests and powerful limbs are no longer common among labourers and artisans, and that medical examiners of recruits reject a larger proportion every year, while those admitted into the ranks, especially of militia regiments, are very inferior in weight, bone, and muscle to their elder comrades. He also referred to the researches of Dr. Beddoe respecting the stature and bulk of men in these islands, and to the army recruiting returns, which concurred in showing that the rejections of recruits on account of bodily unfitness had increased from six to ten per cent. during the last thirty years, and that this degeneracy is fairly attributable, in great degree, to the growing concentration of the working classes in towns, to the depressing circumstances of town life, and to the large number of those engaged in in-door employment. He classed the principal influences at work in this deterioration under three heads—food and drink, labour and employment, and residence and dwellings. With regard to food, although wages had risen greatly during the last thirty years, the price of food had also increased as largely. The cost of wholesome meat has almost doubled, and more diseased meat is sold to the poor. Vegetables are dearer and scarcer. Ignorance of cookery and domestic economy becomes more absolute and hopeless as the number of women employed in manufactories increases. He cited the absence of milk from the diet of children as a main cause of sickness and constitutional debility, and said that measures for preventing the adulteration of food were imperatively called for. The effects of intemperance and alcoholism were cumulative; and, so long as intoxicating drinks were consumed, the progeny of the drunken would generally be more feeble, vicious, and liable to disease of body and mind than their parents. The main causation of drunkeness he attributed to the house accommodation of the poor. With regard to the effects of in-door employment, Dr. Morgan, of Manchester, had recorded his experience of the low physical condition, the bloodless, slender, and distorted forms of factory workers in crowded populations, and had observed that this deterioration was proportioned to the length of time during which they or their ancestors had been exposed to these injurious influences. He recommended military drill as a condition of State support to elementary schools. The conditions of dwelling in our great centres of commerce and manufacture he believed to be the most destructive of all influences now at work in producing a lower type of Englishmen. The conclusions he drew were: that comprehensive yet cautious measures are necessary for the improved accommodation of the working classes of our great towns over large areas of habitation; that, as for the overcrowding of persons in

a house, so also for the overcrowding of dwellings on a given area, there should be a limit to density of population fixed by law, at all events in the building of dwelling-houses on fresh ground, as well as in building them on ground previously occupied; and that for the success of such measures, superior administrative authorities, with adequate powers, were as essential as for the execution of measures intended to prevent the adulteration and secure the good quality of food, or for those which protect labour from abuses and unhealthy conditions known to sap the vigour of the race.

In the discussion which followed, it was somewhat pertinently inquired whether the general rise of wages did not tend to limit the clients of the recruiting sergeant to the lowest class of the population, and thus to explain the diminished stamina of candidates for enlistment.

Dr. Stewart next presented the Report of the Joint Committee of the British Medical and Social Science Associations on the report of the Royal Sanitary Commission. This document was signed, in the name and by the appointment of the Committee, by H. W. Rumsey, M.D., chairman, William Clode, W. H. Michael, Arthur Ransome, M.D., and Alexander P. Stewart, M.D. Its length and importance are such as to render it necessary that we should devote a separate article to its consideration.

Dr. J. Seaton read a paper on the Ventilation of Sewers and Ships by means of a contrivance of his invention. He proposes to conduct the air from the space to be ventilated to a furnace, in such a manner that while the oxygen feeds the fire, any noxious gases may be at the same time consumed. Mr. Habershon read a paper on Cottage Homes, descriptive of the manner in which the Central Cottage Improvement Society of London has laboured to provide improved dwellings for the working classes; and Mr. Chadwick a paper on the Sanitary Construction of Schools. On account of the shortness of time, no discussion followed, and several papers were taken as read in order that the Department might hear one by Dr. Robinson on the Sanitary Condition of Leeds. Dr. Robinson is medical officer of health for the borough, and his object was to relate what has been done with the view of effecting improvements. He described the divisions and arrangements of the sanitary inspectors, and mentioned that the Town Council has obtained, and is about to use, powers to deal with faulty property, compensating the owners thereof for any loss they may sustain. The death-rate of the last five years has only averaged 27·1 per thousand per annum, as compared with 31·3 as the average of the preceding five years. The death-rate of the current year, from the 1st of January, was, so far, only 26·7 per thousand; so that whether we take the last year (28·2), or the series of the last five years as compared with the previous five, Leeds, in its diminished mortality, compares favourably with the past. Many details were given, and the highly interesting and instructive discussion which followed brought the proceedings of the meeting to a close.

THE HAMPSTEAD HOSPITAL INQUIRY.

ON Monday this inquiry, which was adjourned from Thursday, was resumed before the Commissioners.

Mr. Wyatt was recalled. He said that henceforth a record would be kept in the hospital of every case in which mechanical restraint was practised. Sister Frances could dismiss nurses without reference to the committee, but Dr. Grieve, though practically possessing the same power, could not dismiss the male staff. Witness knew Dr. Grieve was overworked, but it could not be helped. The medical assistants were responsible for the patients' medical treatment and well-being, but were bound to obey special orders from Dr. Grieve. The diets were under Dr. Grieve's sole charge. Witness knew of the unpleasantness between Dr. Grieve and the complainants in May or June. In the latter month the complainants' reports were (by request of the committee) laid on the table, but never examined, as the committee looked to Dr. Grieve for information on such matters. Dr. Grieve would have informed them had he considered the complaints as of the slightest consequence. Witness never spoke to the complainants, but recommended Dr. Grieve to investigate the matter. Dr. Grieve said he had spoken to them, and had pledged the committee to amend things, a promise to which witness "was weak enough to agree." On the 24th of July Messrs. Kynaston and Greaves were dismissed. On being told they were going to ask for an investigation, witness paid no attention to the information, thinking them only too kindly dealt with.

Dr. Brewer, M.P., Chairman of the Asylums Board, agreed generally with the evidence of Mr. Wyatt. Having often visited the hospital he could depose to its being well ventilated and clean. He spoke to the patients; but they never complained of anything. Witness mentioned one case to Dr. Grieve as deserving of immediate attention; and Dr. Grieve gave such an answer as showed the case to be quite within his cognisance. The "Liebig's extract" he preferred to the meat-made beef-tea; and both were good. The meat also appeared good.

Dr. Jervis, Manager of the Asylums Board, also agreed with all that Mr. Wyatt had deposed to since April 24th, when witness first visited the hospital. He conversed with the patients, but heard no complaint. The meat, potatoes, and bread he considered both good and ample. The wards were always clean, well ventilated, and free from small-pox odour. Restraint was necessary for the delirious, and tying-down or strait-jacketing prevented ophthalmia and severe pitting. Everything, in short, was done that could have been done at Hampstead. Witness never saw vermin in the hospital; only the inevitable "nits" in the children's heads. The pressure on the hospital was greater than that on any large London one; but the organisation was equal to it. Two nurses were sufficient for thirty-four patients; but only with the assistance of convalescents. Witness considered Dr. Grieve a very able and zealous officer.

On Tuesday, Surgeon-Major Bostock was called, and stated that frequent visits to the hospital impressed him with the sweetness, cleanliness, and pure atmosphere of the wards. The lavatories, latrines, and baths were also in good order. No patient, for as many as he spoke to, ever complained. The soiling of the sheets was inevitable—no fewer than five sheets a day being required for one patient at Stockwell. The medical officer should dress, with his own hands, every bed-sore each morning. Restraint by folded sheet or strait-jacket is necessary in delirious cases. Witness never saw vermin in the hospital. There was quite sufficient nursing power, and no trouble or expense was spared for the good of the patients. Questioned by Dr. Buchanan, witness insisted strongly on the necessity for restraint; on the next to impossibility of removing stains from bed-clothes; and on Mr. Aikman's remissness in not finding and reporting sooner the bed-sore on the child Stokes. The diet, he said (in answer to the Chief Commissioner), was most liberal, the beef-tea being as good as any in London. What with sisters, nurses, and convalescents, there was the proportion of one nurse to every seven beds.

Mr. Williams at this stage said all the members of the committee were willing to go into the witness-box. Mr. Collins said he left the conduct of the case entirely in Mr. Williams's hands.

Mr. J. H. Rutherglen, second clerk of the Asylums Board, generally corroborated Mr. Wyatt's evidence.

Nurse Meredith was also called, and taken *seriatim* over the charges contained in the letter to *The Times*. Her evidence went to show that the milk, beef-tea, and meat of the patients were good and sufficient, and that the linen was clean. On the exceptional occasions when the milk was sour or the meat tainted, it was due to the hot weather. Witness added that the patients never complained of their stimulants being "short," and that she had not tied down with sheets, nor seen it done.

Nurse Manning gave some amusing evidence to a similar effect. Patients had never complained of insufficiency of food; on the contrary, the meat was always good and always eaten. The beef-tea was good, as also the bread, butter, and milk. On one occasion when the milk was sour, extra beef-tea (which the patients always preferred) was given by order of Dr. Grieve. When patients were restrained the assistant medical officer on his next visit was always apprised of it. Witness was not overworked, and had always assistance when she wanted it.

Rose, the assistant cook, was next examined on the mode in which the meat was distributed.

The other evidence given on this occasion had a great similarity to that given by previous witnesses. The head cook and another nurse were examined, and their testimony was to the effect that none of the allegations against the food and care of patients had any foundation.

The inquiry was then adjourned until Friday.

Correspondence.

"Audi alteram partem."

THE "SANITARY VICTORY AT CALCUTTA."

To the Editor of THE LANCET.

SIR,—Under the heading of "Sanitary Victory at Calcutta," you refer to the resistance made by the justices to Mr. Clark's scheme of draining that city, and you state that, to settle the point of its mechanical and sanitary success, three eminent engineers were appointed, who have reported in favour of the scheme.

As one of the justices who opposed the scheme, will you kindly permit me to state in the fewest possible words the grounds of my objection to it.

Of the sanitary advantages of a pure supply of water and of a thoroughly efficient system of draining, in such a city as Calcutta, no one can be more convinced than I am. I lived in the heart of the native quarter for nearly thirteen years, and personally explored every hole and corner of it with the secretary of the first municipality which had charge of the metropolis of British India. A more hideous den of dirt and disease as it then was it would be difficult to discover.

My observations at that time, a careful study of the Calcutta Fever Hospital reports (a storehouse of facts to which Sir Ranald Martin contributed largely), and considerable experience in the prison department for fifteen years, during which the question was constantly pressing for solution, have satisfied me that sewage and drainage cannot be united in tropical countries without considerable danger to the public health.

Mr. Clark's work may, therefore, be the most perfect piece of mechanism in existence, and yet not adapted for such a city as Calcutta.

I believe that open drains are far more wholesome than covered drains in tropical countries, that they would not cost a tithe of the outlay needed for such magnificent engineering works as those of Mr. Clark, and that in all cases and in all circumstances, in Lower Bengal, water and excreta of every kind should be kept as separate from each other as possible.

How and by what process of reasoning the three engineers determined the question of poisoning I know not. There are some medical men of eminence among the justices of Calcutta. The absence of any expression of opinion from them on the sanitary bearings of this important question surely needs some explanation, which will be called for by the Government of India. But granting, for the sake of argument, that the decision arrived at is perfectly correct as respects existing circumstances, have the works been sufficiently long in existence to test their sanitary value? I submit that they have not, and that it is premature to jump to conclusions until the connexion of the houses with the sewers has been completed, and in effective operation long enough to test the mechanical and sanitary value of the plan.

Whether Calcutta will be able to bear the additional taxation needed to carry out so costly a scheme it ought to be for the ratepayers to determine. In the present system of municipal government in Calcutta the ratepayers are, however, nowhere. In fact, a Government carried on by justices nominated entirely by the State cannot be held to be a representative Government in any sense of the word.

There are other large questions involved, which have no concern with the sanitary bearings of the "victory," with which I will not, therefore, trouble you. But I may mention that to furnish a native hut with Mr. Clark's sewers by any watercloset system that has yet been invented would cost as much as the fee simple of the land on which it is built.

I am, Sir, your obedient servant,

FRED. J. MOUAT, M.D.,
Justice of the Peace for Calcutta.

Athenæum, October 16th, 1871.

UNIVERSITY COLLEGE HOSPITAL.

To the Editor of THE LANCET.

SIR,—With reference to an article in your journal of October 14, headed "University College Hospital," I beg to state that students from University College are only admitted to the medical and surgical practice of the Middlesex Hospital on exactly the same terms with regard both to fees and privileges as other occasional students who may enter for hospital practice, no preference whatever being given to students from University College over such other occasional students with respect to clinical appointments, for which they are only eligible in event of no general pupil of the Middlesex Hospital Medical College offering himself. The notice in the prospectus of University College, of which you make mention, refers to matters of private arrangement between the authorities and students of University College itself, with which the staff of the Middlesex Hospital are in no way concerned, and of which they had not even been made cognisant.

With regard to the advantages which you intimate this hospital would derive from the supposed agreement, by being thereby enabled to fill up its clinical appointments, I may be permitted to state that, for these appointments, the large field for practical study afforded by the Middlesex Hospital has never yet failed to secure an ample supply of eligible candidates.

I have the honour to remain, your obedient servant,

W. CAYLEY, M.D.,
Dean of the Middlesex Hospital Medical College.

October 16th, 1871.

THE ELIMINATION OF POISONS.

To the Editor of THE LANCET.

SIR,—A considerable portion of Dr. Clifford Allbutt's introductory address at Leeds is apparently meant to be a caricature of my address on Medicine at Plymouth. The chief object of the orator evidently was to amuse his audience, and not seriously to discuss scientific questions; but there is one passage which, having the appearance of a deliberate statement of doctrine, calls for a brief notice.

Dr. Allbutt is reported to have said: "There is about as much intelligent direction towards the elimination of poison from a man's body as there is towards the elimination of a bit of dirt from the works of the watch in his pocket. Do we, as a matter of fact, see the least intelligent effort of Nature to expel those poisons which we can see and weigh? Take a house-painter: where is the elimination of lead from his system till the doctor comes with a draught of iodide of potassium? And so on for any other tangible poison, were it worth while to multiply instances."

This somewhat astounding statement and these startling questions suggest the following queries:—Does Dr. Allbutt need to be instructed that such poisons as arsenic, strychnia, alcohol, and a multitude of others, are demonstrably eliminated by the kidneys and by other channels? Is he not aware that recovery from poisoning by lead may occur without the aid of medicine, and probably by the gradual elimination of the poison? And, lastly, does Dr. Allbutt fail to see that iodide of potassium—itself a poison in large doses—quickens the elimination of lead by the very process the existence of which he denies—namely, by being ejected through the kidneys and carrying with it a portion of the metallic poison?

To discuss the elimination of *morbid* poisons with one who, in opposition to notorious facts, denies the elimination of *all* poisons would obviously be a vain and fruitless task.

I am, Sir, your obedient servant,

Savile-row, Oct. 17th, 1871. GEORGE JOHNSON.

THE COLLEGE OF SURGEONS.

AT the meeting of the Council of the College of Surgeons on the 19th inst. the ordinary business was transacted. A vote of condolence was proposed by Mr. South to the widow of the late Samuel Solly, Esq.

It was moved by Mr. Clark, seconded by Mr. Hancock, and carried, that the following proposition on the financial arrangements contained in the appendix to the draft scheme for a Conjoint Examining Board be adopted:—"That one-half of the fees received for the examinations be appropriated to the payment of examiners, assessors, and other expenses incidental to the examinations, in such manner as the Committee of Reference may determine, subject to the approval of the co-operating medical authorities. That the remaining half of the fees received for the examinations be appropriated in the following manner:—Towards the maintenance of the Museum of the Royal College of Surgeons as an institution of national as well as professional importance, for its unendowed professorships, and other allied expenses, one-third; in respect of medical qualifications to be granted, one-third; in respect of surgical qualifications to be granted, one-third."

The sum of ten guineas was voted towards a memorial window to the memory of John Hunter in Kensington Church.

Mr. Gay gave the following notice of motion:—"That the proportionately large number of rejections at the preliminary examination for the diploma of the College is a fact which demands the serious consideration of the Council; and that a Committee be appointed to consider the subject, and to report to the Council thereon."

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At an extraordinary meeting of the College on the 16th inst. the following gentleman was admitted a Fellow:—

Waring, Edw. John, M.D. St. And., Clifton-gardens, Maida-vale.

Also, the following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, were granted licences to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery:—

Biddle, Cornelius, M.R.C.S., Queen's-road, Dalston.
Davies, Henry, M.R.C.S., Pentrepoth, Morriston, Swansea.
Eager, Wilson, M.R.C.S., Bethlehem Hospital.
Edmonds, Frederic H., M.R.C.S., Univ. Coll. Hosp.
Hobley, Simon Halford, M.R.C.S., Queen's-crescent, Haverstock-hill.
Newington, Frank E., M.R.C.S., Amhurst-road, Hackney.
Scully, John, M.R.C.S., Middlesex Hospital.
Stamford, William, M.R.C.S., Tunbridge.
Thomas, John Howell, London Hospital.
Wall, William Barrow, Univ. Coll. Hosp.
West, John G. U., M.R.C.S., Univ. Coll. Hosp.
Wilby, John Burdett, M.R.C.S., Leicester.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on the 19th inst., the following gentleman was admitted a Fellow of the College:—

Travers, Robert B., M.R.C.S. (1841), Rostellan, Co. Cork.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Oct. 12th:—

Masterman, George Frederick, Croydon.

On the same day the following gentlemen passed their first professional examination:—

Grogono, Walter Atkins, London Hospital.
Bowkett, William David, London Hospital.

QUEEN'S UNIVERSITY IN IRELAND.—At a public meeting of the University held at Dublin Castle on the 12th inst. the following degrees were conferred:—

DOCTOR IN MEDICINE.—First Class: Joseph Patrick Pye. Second Class: James Magill. Third Class: Andrew Lang Browne.—*Passed*: Samuel Agnew, Hazlett Allison, Thomas Bennett, Robt. A. Bernal, Robt. Blood, David Graham Browne, William R. Browne, Moses Black, John King Brigham, Thomas Clarke, William Burke Cuppage, James Dawson, Benjamin Derham, Thomas Derham, Thomas J. Donnelly, Bernard Doyle, William Fleming, Anderson Forsythe, A. M'Leod S. Hamilton, Alex. Harbinson, Richard Henry, George Johnstone, John Johnstone, Leslie Jones, James King Kerr, John Knox, James Lawrence, Charles Little, Robert M'Bride, James M'Carthy, John P. M'Carthy, John M'Conaghey, William M'Gowan, Christopher J. M'Nally, George H. M'Swinney, James Martin, Joseph Mark, William Augustus Maybury, John Morrow, W. Kirkpatrick Murphy, Patrick C. O'Brien, Sutherland Rees-Phillips, Robert Riddell, William Rutherford, Richard Ryan Ebenezer Sloane, J. E. Smith, Samuel J. Smith, William Skelly J. Wilson Steele, Francis J. Tuohy, George Vickery, John Woodrow Watson, Alexander Weir, John Wilson, J. Bower Wilson, Joseph Wilson, Alexander Young.

MASTER IN SURGERY.—Hazlett Allison, Thomas Bennett, Robert A. Bernal, Robert Blood, Andrew L. Browne, David Grahame Browne, William R. Browne, John King Brigham, William Burke Cuppage, Benjamin Derham, Thos. Derham, George Johnstone, John Johnstone, Leslie Jones, James King Kerr, John Knox, James Lawrence, Charles Little, Robert M'Bride, James M'Carthy, John M'Conaghey, William M'Gowan, C. M'Nally, George M'Swinney, James Magill, James Martin, William Maybury, William Murphy, Patrick O'Brien, Walter O'Reilly, Joseph Pye, Sutherland Rees Phillips, Robert Riddell, Wm. Rutherford, Richard Ryan, James Smith, John Steele, Francis Tuohy, Geo. Vickery, John Watson, Joseph Wilson, Alexander Young.

CHOLERA IN THE EAST.—The last advices from the East state that cholera is slightly on the increase. Isolated cases have occurred in several parts of the city of Constantinople. In the week ending September 26th there had been thirty cases, nineteen of which terminated fatally. Quarantine is now enforced at all the Ottoman ports. Cholera, however, is reported to have ceased in Brussa.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—At a meeting on the 13th inst., Dr. Purvis in the chair, the following gentlemen were elected officers for the ensuing session:—President: Mr. J. M. Burton. Vice-Presidents: Dr. Edward Clapton and Mr. A. Roper. Council: Dr. John Anderson, Dr. W. Carr, Dr. Samuel Giles, Dr. R. Gooding, Mr. W. Lockhart, Mr. Charles Nind, and Dr. John C. Thorowgood. Treasurer: Dr. Prior Purvis. Secretary: Mr. John Prior Purvis. Librarian: Mr. G. G. Bothwell. The newly elected president, Mr. J. M. Burton, delivered an inaugural address. The night of meeting was altered from the *second* to the *first* Friday in the month.

Medical Appointments.

ARMSTRONG, J., M.B., L.R.C.S.Ed., has been appointed an Hon. Assistant Medical Officer to the Liverpool Infirmary for Children, vice Isaiah De Zouche, M.D., M.R.C.S.E., resigned.

CARRUTHERS, T., L.R.C.P., L.R.C.S., has been appointed Medical Officer and Public Vaccinator for the Tottington No. 1 District of the Bury Union, Lancashire, vice F. Nuttall, M.R.C.S.E., resigned.

CARTER, S. H., A.B., M.B., L.R.C.P.Ed., has been appointed Assistant Resident Medical Superintendent of the Bristol Lunatic Asylum, Stapleton.

DUNDREDALE, W., M.D., M.R.C.S.E., has been appointed Resident Surgeon-Apothecary to the Warrington Dispensary, vice J. H. Evans, L.R.C.P.Ed., L.F.P. & S. Glas., resigned.

FLOWER, T., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Warminster and Corsley Districts and the Workhouse of the Warminster Union, Wilts, vice P. Grubb, M.R.C.S.E., resigned.

HAMILTON, D. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Stockport Infirmary, vice H. L. Mallory, L.R.C.P.Ed., M.R.C.S.E., resigned.

JONES, E. S., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed Second Medical Officer to the West of England Sanatorium, Weston-super-Mare.

LITTLE, W., L.R.C.P.Ed., L.R.C.S.Ed., has been elected Out-door Medical Officer to the Mill-road Infirmary of the West Derby Union, Lancashire, vice J. W. Irvine, M.D., deceased.

MACCALL, W. N., M.D., has been appointed Assistant Medical Officer to the Clinical Hospital and Dispensary for Children, Manchester.

ROBERTS, W., L.R.C.P.Ed., M.R.C.S.E., has been elected Medical Officer for District No. 2 of the Hawarden Union, Flintshire, vice Robert Platt, M.R.C.S.E., deceased.

ROBERTSON, J. D., M.D., has been elected Medical Officer for the Northern Light Lodge of Druids, Penrith, vice J. Wickham, M.D., resigned.

RUSHTON, J. L., M.D., M.R.C.S.E., has been appointed Medical Officer for the Sutton and Rainow District of the Macclesfield Union, vice J. Firth, M.R.C.S.E., deceased.

SAVAGE, T., M.D., L.R.C.P.L., F.R.C.S.E., has been appointed an Hon. Surgeon to the Birmingham Lying-in Charity.

SHAFFLES, W., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Lutterworth Union, vice Edward Q. Macilree, L.R.C.S.I., resigned.

SMITH, E. H., M.R.C.S.E., has been appointed Medical Officer for District No. 8 of the Hackney Union.

SPRAKELING, R. J., M.R.C.S.E., has been elected Medical Officer for the Bootle District of the West Derby Union, vice R. B. Reid, L.R.C.S.Ed., resigned.

STUART, Mr. R., has been appointed Medical Officer for District No. 4 of the York Union, vice E. Allen, M.R.C.S.E., resigned.

TAIT, L., L.R.C.P.Ed., F.R.C.S.Ed., M.R.C.S.E., has been appointed an Hon. Surgeon to the Birmingham Lying-in Charity.

THORPE, G. E. K., M.R.C.S.E., has been appointed House-Surgeon to the Public Hospital and Dispensary, Sheffield, vice A. Taylor, M.R.C.S.E., resigned.

WELD, W. W., M.R.C.S.E., has been appointed Visiting Surgeon for Chatham, Gravesend, and Maidstone, under the Contagious Diseases Acts (Women), vice F. H. Baxter, M.D., appointed Physician and Surgeon to the Royal Hibernian Military School.

WELCH, C. H., F.R.C.S.E., has been appointed Medical Officer for District No. 6 of the Hackney Union.

WILLIS, J. H., M.R.C.S.E., has been appointed Medical Officer for the Bratton Clovelly District of the Okehampton Union, Devon.

Births, Marriages, and Deaths.

BIRTHS.

BENNETT.—On the 12th inst., at Lower Fitzwilliam-street, Dublin, the wife of E. H. Bennett, M.D., of a daughter.

CRIBB.—On the 9th inst., at Bishops-Stortford, the wife of Henry Cribb, L.R.C.P.L., of a daughter.

LANGSTAFF.—On the 9th inst., at Athlone, the wife of Henry H. Langstaff, M.B., of a daughter.

RANGER.—On the 17th inst., at Westfield Villa, Peckham-rye, the wife of W. G. Ranger, M.R.C.S.E., of a daughter.

WARD.—On the 13th inst., at Northbourne, Chobham, the wife of Dr. Ward, of a daughter.

WATSON.—On the 9th inst., at Thaxted, the wife of George S. Watson, M.R.C.S.E., of twin sons.

MARRIAGES.

GRAY—DORSEY.—On the 29th of Dec., 1870, at St. Paul's Church, Ipswich, Queensland, Robert John, fourth son of Lieut.-Colonel Chas. Geo. Gray, of Ipswich, late of the Rifle Brigade, to Mary, youngest daughter of Wm. M'Taggart Dorsey, M.D., of Ipswich.

TERRY—DORSEY.—On the 14th of June, at St. Paul's Church, Ipswich, Queensland, Sydney Briggs, eldest son of the late Sydney Terry, Esq., of Bombay, to Ida Henderson, second daughter of William M'Taggart Dorsey, M.D.

WALSH—SCHOLFIELD.—On the 11th inst., at St. Bartholomew's, Whitworth, Rochdale, Alex. Walsh, M.D., of Glasgow, to Jane, fourth daughter of the late Jas. Scholfield, Esq., of Tongend, Whitworth.

WRIGHT—TOLLER.—On the 12th inst., at Kettering, J. Brampton Wright, M.D., of Wellingborough, to Caroline Addison, second daughter of W. Toller, Esq., of Rockingham-road, Kettering.

DEATHS.

CAMERON.—On the 30th ult., Dr. Evan Cameron, of New Abbey, late of Bradford, Yorkshire, aged 25.

CHRISTIAN.—On the 17th inst., James S. Christian, M.D., of Thurloe-place, South Kensington.

DAWSON.—On the 28th of June, at Franklin-Huon, Hobart Town, Dr. Wm. Lee Dawson.

FAITHORN.—On the 12th inst., George Faithorn, M.R.C.S.E., of Chesham, Bucks, aged 64.

FAWCUS.—On the 11th inst., at Ethall Villa, North Shields, James Fawcus, M.D., aged 38.

MACDONALD.—On the 1st inst., John Macdonald, L.F.P. & S. Glas., of Balelone, North Uist, aged 56.

SMITH.—On the 10th inst., at Darvel, R. M. H. Smith, M.D., Medical Officer for the Parish of Loudoun, Ayrshire, aged 27.

THOMSON.—On the 10th inst., at Perth, Frazer Thomson, M.D.

WIGMORE.—On the 17th inst., at Inverness-road, Bayswater, Albert, youngest son of Wm. Wigmore, M.R.C.S.E., aged 2 years.

PROVIDENT DISPENSARIES.

Précis of Rules suggested by the Medical Sub-Committee of the Charity Organisation Society.

THE object is to secure for the working classes, not paupers, the advantage of medical advice, medicine, &c., by periodical payments, assisted by contributions from the benevolent.

The funds are two. The honorary subscribers' fund is devoted to adding 10 per cent. to the members' fund, to defraying the expenses of management, drugs, and medical appliances, and to augmenting the fees for midwifery.

The Committee of Management have power to erase the name of any member who is or becomes able to pay for medical attendance at the usual charges. Families living in London are considered eligible when the head does not earn more than 30*s.* a week.

Ordinary members deposit three months' subscription in advance. In the event of actual illness, a fee of 5*s.* is required.

The scale of subscription is as follows:—

	Town. Per month.	Country. Per month.
A. Adults over 18	6*d.*	4*d.*
B. Young persons (14 to 18)	4*d.*	4*d.*
C. Man and Wife	10*d.*	8*d.*
D. Children under 14	2*d.*	2*d.*

Any number above four not to be charged.

No married person can be admitted without the whole of his children over five years of age, unless he already belongs to a medical club.

Females may be attended in their confinements by the medical officers on payment of 15*s.* in London and 10*s.* 6*d.* in the country; these fees are augmented to one guinea and 15*s.* from the honorary fund. Members can be attended by the midwife on the payment of 5*s.*

Every member can choose a medical attendant from the dispensary staff; but no change can take place during an illness without the consent of the Committee.

Members of one year's standing are eligible to take part in the management.

The Committee consists of members and subscribers. The medical officers, secretary, and treasurer, are *ex-officio* members.

The duties of all the officers are strictly defined, and the members' fund, less 10 per cent., is divided amongst the medical officers in proportion to the amount received from the members who have selected them.

We have little to suggest. Children are to be vaccinated gratuitously; but a note is made that in some cases it might be desirable to charge for the vaccination, to avoid competition with public vaccinators. It appears to us that the note, if important, applies equally to primary vaccination. We are no advocates of the exclusive public system, and believe that thoroughly good vaccination may be done with preserved lymph. So long as the standard of good vaccination is maintained, it is of little consequence who does it. But as the question of popularity comes in, the advantage of the operation being performed by the ordinary medical attendant is obvious.

Any person desiring these Rules may obtain a copy at the Office of the Society for Organising Charity, Buckingham-street, Strand.

Medical Diary of the Week.

Monday, Oct. 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Adjourned Discussion on Mr. Gay's paper "On Crural Venosity."—Communications by Mr. Spencer Watson: 1, "Traumatic Dislocation of the Crystalline Lens"; 2, "Congenital Displacement of both Crystalline Lenses"; 3, "A convenient Method of applying Cold to Inflamed Parts." — Mr. John Pennefather, "On the Physiology of Sound, with Illustrations."

Tuesday, Oct. 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Mr. J. W. Haward, "On Ether and Chloroform as Anæsthetics."—Mr. Le Gros Clark, "On a Case of Large Biliary Concretion in the Ileum."

Wednesday, Oct. 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, Oct. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.

Friday, Oct. 27.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. T. Charters White, "On the Microscopical Structure of the so-called 'Nerve' of a Tooth."
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. C. T. Williams: "Cases illustrating the Contraction of Cavities in Phthisis."—Dr. John Murray, "On a Case of Paracentesis Thoracis."—Dr. Austie: The continuation of a Case previously reported.—And other papers.

Saturday, Oct. 28.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

CESSPOOLS IN LONDON.

WE fear that, notwithstanding the immense sum of money which the drainage of London has cost, it cannot with truth be affirmed that the work has been thoroughly done. At any rate it seems to us incompatible with thoroughness that so many cesspools should have been allowed to remain intact, as we have evidence of from time to time when they reveal themselves, either suddenly by the collapse of their defective coverings, or gradually by the overflow of their contents and the effluvium consequent thereupon. Dr. Whitmore, in his last Monthly Report on the Health of Marylebone, relates how, in consequence of complaints having reached him of the defective state of the drains at the London Crystal Palace in Oxford-street, search was made which led to the discovery of no less than thirteen cesspools, some of them four feet square and several feet deep, and nearly all of them containing large quantities of night-soil. Of course this state of things was at once put an end to so far as the premises in question were concerned; but what one would like to know is, how many houses in London at this present time are similarly circumstanced as the Oxford-street Crystal Palace? A corps of cesspool detectives would seem to be worth establishing by the District Boards of Works and Vestries.

DOCTOR AND DEACON.

THE Archbishop of Canterbury used to make preachers of the gospel practitioners of medicine; but the Bishop of Jamaica, pursuing the converse, and (as we think) the more legitimate course, makes a practitioner of medicine a preacher of the gospel. On Sunday, the 17th September, the right reverend prelate, at a special ordination in the parish church of Kingston, admitted Mr. Hugh Croskery, L.R.C.S.I., to the order of deacon; and in the course of his sermon expressed himself clearly and effectively on the advantages of an occasional fusion of the theological and medical function in the same individual. We do not doubt it. Chaucer says of the physician of his time—

> "His reading was but little in the Bible";

and we fear there are tendencies afloat which may give renewed relevancy to the saying. On the other hand, the theologian's attitude towards physical science is often as blameworthy for its irrational hostility. If the physician were to add to his special qualifications a little more of that "philology and history applied by philosophy," on which (says Sir W. Hamilton) theology is based, his respect for the theologian's studies would rise; while the same desirable result would declare itself in the theologian if his somewhat abstract *disciplina* were supplemented by a closer familiarity with the concrete. After all, it is only the half-educated man who despises every other calling but his own. The "complete professional mind" (Dr. Acland's felicitous phrase) is the crown and consummation of a truly catholic culture.

Dr. De Renzy's letter shall appear in our next impression.

FOREIGN DEGREES WITHOUT EXAMINATION.

To the Editor of THE LANCET.

SIR,—With reference to the letter in your journal of Sept. 23rd, 1871, signed "G. A. P.," the following remarks may not be out of place. It appears to me difficult to understand how any man could have a diploma of M.D. Pennsylvania "obtained without examination," as your correspondent has inserted in brackets.

As far as I am acquainted with the medical profession in America, I can safely say that not any College incorporated by the Charter of the State to which it belongs can grant a diploma without examination. It is these egregious errors that lead the English medical profession to suppose that an American medical degree is worth nothing; and yet, in the face of it, many of the most eminent of them are obliged to assert that the American doctors are, at all events in some respects, their equals.

With regard to the aforesaid letter, which states that the individual in question is a M.D. (minus examination), I must absolutely assert that he is not so in his own name at any recognised Medical College in Pennsylvania—i. e., subject to the Charter of the State of Pennsylvania; for if he did not pass an examination he is no doctor at all. Moreover, Sir, this is a great slur on some of the most valuable teachers in medical science that America possesses, and it also calls in question the respectability of them as honourable and trustworthy. You must forgive me, however, if I take the liberty of remarking that I cannot agree with you if I understand you to state that a degree of the kind in question confers no right of practice in England. So far as the recovery of fees legally or the signing of certificates is concerned, you are unfortunately right; but the actual right of practice with a legitimate diploma cannot be denied to the graduate of any country. This, however, denies to a foreign diploma the very thing it has a right to expect as essential to the livelihood of the unlucky recipient thereof; for I must ask you the question, If Germans and French, or Americans more particularly, were to exercise the same prerogative, how would it be with Englishmen practising abroad? Many of us by force of circumstances have to quit our native land to earn a living abroad, there being so little room in this little island, and it is distressing that, having gained foreign distinction, we are not allowed to make use of it on our return to the land that gave us birth, but are obliged to be shamefully snubbed by all our fellowmen. As a recipient of an American M.D., I am much interested in this matter, and a benevolent gentleman in the House of Commons, of high reputation in the medical way, has promised to try and shake the yoke off. He says in his letter, at all events, "that he thinks a modification might be made in the Medical Act with regard to New York diplomas, without injuring the cause which the medical profession have in view." But it is right that this should extend to all those only in any part of the States who are incorporated by Charter of the State to which they belong, as I before stated, and who are desirous of obtaining recognition by the institutions in medicine in England. May I suggest this also in favour of France and Germany?

In conclusion, I may remark that I am an American student, although I have served under the English Government, and I am proud of the distinction conferred upon me, inasmuch as I know I was examined by duly qualified professors, and the curriculum of study was quite as legitimate as the Royal College of Surgeons of England, comprising, as it does, three years, and two winter and two summer courses of lectures; and, although they do things quicker in America, I will venture to say that most of the students who graduate at my College would make as good practitioners as those who graduate at the College of Surgeons, some in all respects equal to the best of graduates at that institution. I trust that my *alma mater* may be recognised here. The future will show vast changes, and an amalgamation is human nonit in Great Britain of all the Colleges and institutions that grant diplomas. This will prevent, however, any controversy on the subject I have again brought forward, and I trust also those illegitimate ones who practise physic from eating the bread out of the mouths of the profession.

I am, Sir, your obedient servant,

October, 1871. A M.D. OF NEW YORK.

BEDFORD HOSPITAL.

A CORRESPONDENT has kindly forwarded us a copy of the *Bedford Times and Bedfordshire Independent*, containing an account of the meeting of the Governors of the above institution. It has reached us too late for notice this week, and we must, for the present, simply content ourselves by saying that several of the speakers appear to have shown a lamentable ignorance of the sanitary requirements of a hospital.

THE SCRIVENERS' LAMENT.

OTHER classes of workers besides factory hands, miners, and milliners would seem to need protection from the incidence of thoughtlessness or greed. The law-writers are uttering a note of complaint. It would appear from the testimony of one of their number that during term their lot is a hard one. Three-fourths of the drafts are sent to the law-stationer between six and seven o'clock in the evening, to be returned by half-past nine next morning, thus necessitating a large amount of night-work. For this night-work the writers receive no extra remuneration; moreover, the pressure, it is stated, is quite unnecessary, as the copies are seldom required by the solicitors till late in the day. It is not difficult to predicate the evil effects, physical and moral, that would be experienced by the victims of a system such as that described. Dyspepsia and a morbid craving for stimulants are the unrelenting demons that dog the steps of these slaves of the quill. The quality of the work produced in the department of labour in question may not be a matter of much moment; but surely the wear and tear of the flesh-and-blood machines that produce it is something to be thought of in this nineteenth century of the Christian era. We are happy to think that the demoralising effects of protracted and unseasonable toil are beginning to be recognised by those who take an interest in the well-being of the people, and we hope the cry of the law-writers will not have been put up in vain.

Dr. Page.—The cases of "Wounds of the Knee-joint" will shortly receive insertion.

MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—As you have ably discussed some points connected with the ethics of the profession, I should be glad to elicit your opinion on a subject which has interest for all medical men—their attendance upon sick members of the medical profession and their families. The rule hitherto almost invariably observed has been that medical men, their wives and children, should be attended gratuitously by whomsoever they choose to consult. Among intimate friends this works well as a give-and-take system, or the obligation is acknowledged by a present at certain intervals—e. g., after confinements. In all fairness, however, this gratuitous system ought to cease as regards the children when they are launched on their own account, or are married and settled; though no one would refuse help to the orphan daughter of a medical man in poor circumstances of any age.

The introduction of telegraphs and railways has introduced a disturbing element into the system, for the ease with which, at the expenditure of a shilling, a physician or surgeon can be summoned into the country is found, I believe, to lead to some inconsiderateness on the part of medical men's families. It appears to me that, even if no fee is given, care should be taken that no expense is incurred by the consultant. But I should like to know whether, if I am able and willing to pay the usual fee, I am obliged to put myself under an obligation to a distinguished man (with whom, perhaps, I have no personal acquaintance), because I choose to have his advice for myself, or a sick wife or child.

I fancy that the families of medical men get badly off in treatment because they are not looked upon as the *actual* patients of the friendly attendant, who trusts, perhaps unconsciously, to the father's supervision, when, as we all know, a medical man is unfitted to treat those of his own household. If a medical man himself is ill, he runs a great risk of being killed by the number of his friendly advisers, because no one of them can claim him as his private patient. Should these things be?

Yours obediently,

October, 1871. A MEDICAL FATHER.

THE INQUEST AT ABERAMAN.

WE entirely endorse the excellent remarks of the coroner on the action of Messrs. James and Sloper. Messrs. Davis and Devonald have nothing to regret in the case. It is lamentable that in such cases it should so often happen that a medical man is forthcoming to take the cheap glory of saying that the right thing had not been done, or that if he had been called in sooner he would have saved the boy's foot, &c. But such talk is, perhaps, appraised more accurately by the public than the authors of it think.

Mr. W. Walker, (Aberdeen.)—The "sea-weed liniment" is a Guernsey preparation, which may be obtained of Messrs. Bullock and Reynolds, Hanover-street. We are not acquainted with the other article inquired about.

OPERATION FOR ELEPHANTIASIS.

To the Editor of THE LANCET.

SIR,—In the last number of your journal I see an account of a successful operation for elephantiasis of the scrotum, in which, however, it is stated that the penis was amputated, and both testicles excised. From some experience in these operations, I believe that this sacrifice of the organs of generation is entirely unnecessary. While surgeon to the Foochow Native Hospital in China, my colleague, Dr. Beaumont, and myself operated on seventeen cases of this disease, with complete success in every case. The largest mass removed weighed 36½ lbs, and in this case only was one testicle sacrificed. Had the case been the last instead of the first of our series, I believe that this might have been avoided. In all the other cases the penis and both testicles were dissected out, and, although left without skin covering, formed useful organs. The plan recommended by Dr. Fayrer, of Calcutta, who has published twenty-five similar cases, of encircling the whole mass with picture cord, run through an iron ring, and firmly held by two assistants, was adopted by us, and entirely restrained hæmorrhage, affording ample time for the most minute dissection. There are several points of interest in our series of cases which might be considered worthy of publication, but unfortunately I have not the notes at hand. The point which I wish to insist upon at present with reference to this operation is simply the facility with which the sacrifice of the important organs may be avoided.

I am, Sir, your obedient servant,

JOHN H. GALTON, M.D. Lond.

Mickel-road, Upper Norwood, Oct. 16th, 1871.

QUACKERY.

IT is to be hoped that one good result of the increased means of education now provided will be the enlightenment of the people on the subtle complexity of the construction of their physical organisms. That this kind of knowledge is wofully deficient in the masses we are constantly reminded by the clouds of newspaper-cuttings—containing advertisements of wonderful cures by elixirs, and patent pills and ointments—which find their way to our Office. The human machine has been compared to a watch; but one would think that its parts were less fine and delicate than those of an old Dutch clock, in the repair of which any amateur might hopefully engage. For quackery, depending as it does on the crass stupidity of persons who, when anything is the matter with them, place themselves in the hands of men who rob their victims of both money and life, the remedy is at all events patent enough. It is not to be found in legislation directed against quacks, but rather in the judicious teaching of physiology in schools.

A PLEA FOR VACCINATION.

To the Editor of THE LANCET.

SIR,—During the Baltic campaign of 1855 we shipped a man into H.M. flag-ship, *Duke of Wellington*, at Deal, who had been in hospital there for some weeks. He came on board, I remember, without any special history, and nothing more was thought of the matter till three weeks after, when, out at sea, small-pox appeared in our ship. In spite of immediate revaccination and thorough isolation of patients in the sick-bay, we very soon had one hundred cases on board. On making inquiry at Deal, we found that this man, whom we had shipped there, had had a slight attack of small-pox. After mature consideration, it was determined to send all those affected on shore, as in a large ship like the *Duke*, with 1400 men on board, the spread of contagion might be dreadful. As soon as possible this was done, and the wisdom of it was apparent in the almost immediate and decided improvement as to the general force of the disease. We camped out in some ambulance sheds, which the French had had the foresight to build on the Faröe Islands. These sheds were open at both ends, and otherwise well ventilated. The *Duke's* men were placed under the supervision of the late Dr. Gallagher, who was then surgeon of the *Arrogant*, this frigate lying at the time near the island, and having also small-pox on board. With his usual tact and power of organisation, Dr. Gallagher very soon reduced the disorder that reigned—the men of both ships landing about the same time—to the perfect *ménage* of a first-class field hospital, and from his skill and kindly disposition he was looked up to and admired by everyone. In spite of his able treatment, we lost eight of the *Duke's* men, our first lieutenant being one of the number. Of all those having the disease, five had not been vaccinated, and two could not tell whether they had been or not; and, not having any mark on the arm, the inference is that they had not undergone the operation. These seven were of those who died; the eighth man being a marine, who died from double pneumonia when convalescent of a mild attack of the disease.

From the above facts we are justified in coming to the conclusion that, had not this one man died from a secondary affection, vaccination would have been decidedly protective in all. The treatment consisted in some simple saline mixture, with good generous diet and chalybeate tonics when desiccation had commenced. Yours, &c.,

Rothwell, Northampton, Oct. 16th, 1871. JAMES MOIR, M.D.

ANTIDOTES TO SNAKE-POISON.

Cheops finds fault with us for our scepticism about remedies for snake-bites; but nothing that he has said has led us to alter the opinions we have expressed. When we have facts, and a sufficient number of them, in favour of the efficacy of any remedy, we shall be quite ready to reconsider our opinion, and, if necessary, to reverse our verdict. There are so many remedies for snake-poison that, if half of them were certain, residents in India might get bitten by venomous reptiles for the pleasure of the thing, just as Lady Wortley Montagu said of the people in the capital of the Ottoman Empire, that they took small-pox as a diversion as other persons took baths; but we are very far from that yet.

EQUITY.

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your publishing the following reply to Dr. Wright's letter in last week's LANCET. My agreement states:—"That the said James Hochee will not practise as a surgeon at Church End, Finchley, aforesaid, within the period of five years from the date hereof, *except as hereafter mentioned*, nor seek to influence, obtain, or procure persons residing within the said Church End district so defined as aforesaid, to become his patients. Provided, nevertheless, that if any persons residing within the said Church End district, of their own free will and choice, desire to become or continue patients of the said James Hochee, nothing herein contained shall be construed into a prohibition against the said James Hochee accepting and attending upon them as their medical adviser."

The circumstances under which I was introduced to Dr. Easton's patient are these:—Dr. Easton was engaged to attend a lady who had lately come to Finchley, but thought it right that a local medical man should be engaged to attend in case of emergency, and told the lady in question that he would introduce her to some person whom he could recommend. Dr. Easton, after inquiry, and without any solicitation from myself, or indeed from any friend of mine, mentioned my name to the patient, and she thereupon desired him to introduce me to her. Accordingly Dr. Easton came to me and told me that a lady was desirous of my attendance if necessary, and took me at once to her house, and I have since attended her. I believe that in what I have done I have violated neither the letter nor the spirit of my agreement. I am, Sir, yours obediently,

East End House, Finchley, Oct. 16th, 1871. JAMES HOCHEE.

*** Mr. Hochee's explanation appears to us to dispose entirely of the charge brought by Dr. Wright. Dr. Easton did not "offer an introduction" which "Mr. Hochee accepted with alacrity"; but, having mentioned his name to the patient, introduced him by her desire. We recommend Dr. Wright to be more accurate as to his facts and less captious in his conclusions for the future.—ED. L.

GALLIA VE VICTA: A POEM.

IT is beyond our sphere to criticise poets. And when medical men make friends with the muses, we are too happy at the friendship to be critical. The above poem is by Mr. Heynes Hardwicke, in general practice in Norfolk, and embodies the description of the scenery of war, and all the thoughts excited by them in the mind of the author. The description and the thoughts are alike creditable to the author, though we should advise him to lure the muses in the first instance by lighter themes and to shorter exercises. By the way, has he any authority for the Latinity of his title?

K.—We refer our correspondent to "Watts's Dictionary of Chemistry," article Wine; also to the *Practitioner*, in which several excellent articles on the subject have recently appeared.

CONDY'S FLUID AS A WATER-TEST.

To the Editor of THE LANCET.

SIR,—I have no fault to find with Mr. W. F. Anderson's observations on the behaviour of Condy's Fluid with water containing iron or strychnine; they are quite correct. But I cannot say so much for his interpretation of those observations. The value of Condy's Fluid as a *sanitary* test for the presence in water of *putrescible* organic matter is not, in my humble opinion, impaired by the circumstance that the indications furnished by it would relegate among suspicious waters those tainted with iron. That substance, when present, can readily be recognised by the palate alone; but should it, from want of intelligence on the part of the observer, happen to be mistaken for putrescible organic matter, the blunder would be all on the side of safety. Nor is the efficacy of Condy's Fluid as a sanitary water-test invalidated by the circumstance that its reaction with strychnine is slow, for that substance is not one with which water is ever contaminated. The stable forms of organic matter which occur in water, and whereon Condy's Fluid has comparatively little action, are, as I have pointed out, starch, gum, sugar, fat, soap, &c., and these are neither putrescible nor in themselves dangerous to health.

There may be valid reasons for objecting to the use of permanganate for the exhaustive qualitative analysis of water in respect to organic matter; but I have not put it forward for that purpose, as Mr. Anderson seems to think. My recommendation of the permanganate test has been confined to the advocacy of its claims as a simple and ready means of detecting the presence in water of *putrescible* organic matter with sufficient accuracy for ordinary *sanitary* purposes. By its intelligent use, for instance, medical officers of health or inspectors of nuisances, with very little trouble, time, and expense, can satisfy themselves as to the character of the contents of suspected wells, cisterns or water-butts, whose dangerous contaminations are all of the putrescible kind, and not iron nor strychnine.—Yours, &c.,

Battersea, October 14th, 1871. H. B. CONDY.

P. P. C.—We are informed that there will be a competitive examination for the Army Medical Department of the British Service in February; but we are unable to learn the same regarding H.M.'s Indian Medical Service. The number of vacancies for the former will, of course, depend upon the requirements at the time.

Mr. Thos. Dinnes, (Holyhead.)—Chance's translation of Virchow's Cellular Pathology is published by Messrs. Churchill, New Burlington-street, of whom our correspondent might also obtain the other information that he requires. We must decline to forward private answers.

HORACE WELLS.

To the Editor of THE LANCET.

SIR,—You are perfectly right. I would not stand in the way, or do anything which would lessen the subscription for the widow of Horace Wells. There was once a widow who gave *her mite*. I now give *my might* by subscribing 20*s*. Yours ever truly,

Brompton-road, October, 1871. RODT. H. COLLYER.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Barnes; Dr. G. Johnson; Dr. Basham; Dr. Thomson, Glasgow; Dr. Taylor, Nottingham; Mr. White; Mr. Clark, Farnham; Mr. More; Dr. De Renzy, Kingstown; Dr. Silvester; Mr. Pratt; Dr. Cheadle; Mr. Earle; Mr. Key; Mr. Chapman; Mr. Priest; Dr. Carpenter, Salem, Oregon; Dr. Hardwicke, Rotherham; Mr. Garratt; Mr. Galton, Vienna; Mr. Buck; Mr. Watson; Mr. E. Rich; Mr. Green; Dr. Schaan, Sedan; Mr. Curran; Mr. Johnston; Dr. M'Nab, Loch Inver; Mr. Grigg; Mr. Brook, Sunderland; Mr. Edye, Exeter; Mr. Simmonds, Esher; Mr. Roberts; Mr. Sedgwick; Dr. Pye, Newcastle; Mr. Lascelles; Mr. Denman, Chippenham; Dr. S. H. Carter; Mr. Condy; Dr. Lush, Weymouth; Mr. Whitfield; Dr. Read; Mr. Baker; Dr. Morris, Nottingham; Dr. Lys, Bere Regis; Mr. Parker; Mr. Pitts, Liverpool; Mr. Stopford; Dr. Smallman, Willingham; Mr. B. Bagshaw, Chippenham; Mr. Chater, Derby; Mr. Harrison, Darlington; Mr. Perry; Mr. Davidson; Mr. Reader, Uppingham; Mr. Flower; Dr. Maryon, Tenby; Dr. Cribb, Bishops Stortford; Mr. Terry, Bradford; Mr. R. M'Inver, Aberdeen; Dr. Barr; Mr. Warren, Carlisle; Mr. Thorpe, Sheffield; Mr. Wood, Chelmsford; Mr. T. Shepperton, Croydon; Mr. Hall; Dr. Maccall, Manchester; Mr. Gale, Chepstow; Mr. Somers, Northampton; Mr. H. Taylor; Mr. Lowenson; Mr. Burdett, Barnstaple; Mr. W. Rhymer, Canterbury; Mr. Carleton, Burton-on-Trent; Mr. Barton, Daventry; Mr. Denton, Doncaster; Mr. Turner, St. Albans; Mr. Fairlie, Upton; Mr. W. B. Adams; Mr. Fairles, Montgomery; Dr. Cayley; Mr. H. Williams; Mr. Brooks, Stamford; Dr. Shaw; Dr. Dickinson; Mr. Jessop, Leeds; Mr. Wigmore; Mr. Johnstone, Holywell; Dr. Macintosh; Ex nihilo nihil fit; P. P. C.; K.; Precaution; F.R.C.S.; A Guardian; S. G.; Probe; &c. &c.

Kingston Semi-Weekly Gleaner, Allgemeine Weiner, Ilfracombe Chronicle, Philadelphia Medical Times, Woodhall's Weekly, Medizinische Zeitung, Birmingham Morning News, Indian Medical Gazette, Brighton Guardian, Shield, Naples and Florence Observer, Western Daily Mercury, and *Boston Medical and Surgical Journal* have been received.

A NEW STRETCHER.

A NEW stretcher that has been invented by the Hon. Miss Tucket appears to possess some advantages over those in ordinary use. The stretcher always keeps its horizontal position while ascending or descending barrack or hospital stairs, or a hill. It is not complicated in structure or use, and it is also waterproof. The stretcher is borne underhanded, and has no unpleasant motion. It is employed, we understand, at St. George's Hospital, and it was exhibited at the International Exhibition of 1871. The invention appears to us capable of being used under a variety of circumstances, such as in hospitals, hospital ships, large manufactories, and at railway stations. We confess that we do not consider any stretcher fit to convey a wounded man from the battle-field unless it can itself be put into the ambulance waggon without any disturbance of the patient. To shift a wounded man from one stretcher to another, or from a stretcher into a carriage, is a needless cruelty. The agent and manufacturer is Mr. J. Selley, Christ Church-road, Hampstead.

SMALL-POX AT PLYMPTON WORKHOUSE.

THE proceedings at the meeting of the Plympton guardians will be noticed next week.

SUPPURATION.

To the Editor of THE LANCET.

SIR,—In the singularly able address of Dr. Charlton Bastian, delivered at University College on the opening of the session, an abstract of which appeared in your impression of October 7th, the following passages occur with reference to a class of diseases which, like Dr. Bastian, I have similarly isolated in my pamphlet "On Therapeutics and Disease":—"In reference to the many cases in which symptoms of poisoning have been produced in Germany by sausages, we learn from Liebig that 'the sausages are poisonous only *at a particular stage of decay*, and cease to be so when putrefaction is advanced so far that sulphuretted hydrogen is evolved; the central part being often poisonous, whilst the surface is wholesome.' There seems," continues Dr. Bastian, "every reason to believe that in the changes which may take place in these substances, short of actual putrefaction, a 'peculiar poisonous principle is evolved.' And so in certain cases, where an unhealthy process of suppuration occurs, poisonous products may be generated in a wound, where absorption into the system is capable of bringing about those general symptoms of blood-poisoning which are characteristic of puerperal fever or of pyæmia."

Parenthetically, it may be observed that Liebig's statements receive confirmation in our experience of dissection wounds, it being well known that these wounds are not at all so dangerous when decomposition is far advanced as in the intermediate stages.

Dr. Bastian's reference to unhealthy suppuration coincides so intimately with views which I expressed in two papers in THE LANCET for 1866, "On Syphilitic and Phagedenic Ulceration," that I may be justified in calling attention to the coincidence, an independent testimony to their correctness being thus afforded by the distinguished orator. In these papers I insisted that pus was an intermediate product, passing (so to speak) downwards from perfect construction towards its ultimate elements, and I advocated the propriety of facilitating this change in order to the speedy restoration of tissue and prevention of blood-poisoning, and indicated that, as a class, oxidising agents ought to be had recourse to for this purpose, such experience as private practice affords having convinced me of their efficacy for this purpose. I also referred both in these papers and in my pamphlet to the analogies presented by the group of diseases, including syphilis, diphtheria, cancrum oris, erysipelas, scarlet fever, and hospital gangrene, and how in their treatment empiricism gravitated towards a certain class of remedies possessing in common little therapeutical properties. For further explanation of my opinions I shall content myself with directing attention to my papers above referred to, and to my pamphlet. When I gave expression to them they were to me novel, and I am naturally gratified on finding that Dr. Bastian is in some measure travelling, independently, in the same direction.

Before concluding, I have likewise to express pleasure on finding that Dr. Bastian's views on the germ theory confirm the opinions I expressed regarding antiseptic surgery in your journal in October, 1869. All sensible men will view with satisfaction the prospect of "common sense asserting her right again."

I am, &c.,

Glasgow, October, 1871. D. CAMPBELL BLACK, M.D.

Dr. Morris, (Nottingham.)—We gave insertion to statements that were publicly made by the Home Secretary in addressing his constituents regarding the effect of the operation of the Contagious Diseases Acts at Devonport. The local authorities of that town have, in an equally public way, declared those statements to be utterly unfounded and false. It is clear, therefore, that as Mr. Bruce and the local authorities are entirely at variance as to matters of fact, the subject is one that does not concern us.

Mr. Stonard Edye.—The licence in question does not confer or justify the title of "Doctor." The College itself no longer asserts that it does.

S. G., (Seacroft.)—Thanks. Can there be two individuals of the same name?

THE SUPPLY OF SUBJECTS.

To the Editor of THE LANCET.

SIR,—The importance of preserving subjects during the summer session for winter dissection is very great, and it seems odd that in London, where the supply is so very limited, no efforts have hitherto been made in this direction.

I remember well, while a student in Munich some four or five years ago, that all subjects not required for the operation courses or other purposes were injected, quartered, and then put into a large tank of methylated spirit; the tank was then closed with an air-tight top, and the subjects remained good. The muscles naturally lost their colour; but the nerves, hardened by the process, were much more easy to dissect than under the ordinary conditions.

Hoping that this hint may prove useful,

I remain, Sir, yours sincerely,

London Hospital, Oct. 16th, 1871. R. W. PARKER, House-Surgeon.

GRATITUDE FOR SMALL MERCIES.

A MEDICAL contemporary jubilates over what it appears to consider a fact that the Poor Law of 1834 is so far amended that "it is now no hardship that pauper patients should be expected to apply to their parish doctor," and that therefore the out-patient departments of the various hospitals have lost their *raison d'être*. We certainly were under the impression (borne out by various reports of the Poor-law Medical Officers' Association) that many medical officers have to attend parish patients, and find all necessaries, at the delectable rate of 8*d.* per head, and some at even less. The Poor-law Department *may* be a very good Samaritan, good enough even to satisfy some persons; but we confess we should not be greatly enchanted were we liable to be attended in a possibly mortal illness by a doctor who had to support his family on the profit! For this modern good Samaritan, see you, does *not* promise, "Whatsoever thou spendest more.....I will repay thee."

Dr. Wolseley (Dublin) is thanked for his communication.

GALLIC ACID AND BENZOIN IN AFFECTIONS OF THE RESPIRATORY ORGANS.

To the Editor of THE LANCET.

SIR,—I have been laid aside for the last three years by a most worrying pulmonary complaint, which has been kept going by the gravest domestic distress. Though life has been prolonged by the most assiduous watching of the disease and application of remedies, I should be thankful if some of your correspondents would give their opinion and experience as to some of those remedies—for instance, to begin with, as to gallic acid. I believe I have taken more of it than is usual. I looked on it as a harmless but, according to my experience, most efficacious remedy. In my first attack of hæmorrhage I began with an ordinary solution with sulphuric acid; but soon, not satisfied with that, on accession of the flux, I took the pure gallic acid by the teaspoonful *ad libitum*, and, as I and my kind medical friends thought, with singular benefit. Innumerable subsequent attacks supervened, and have always been controlled in some way; but I used the glycerine with gallic acid, taking often an ounce in twenty-four hours, and always apparently with marked benefit. I should mention that I have (for myself) a sort of instinctive abhorrence of lead. A few months since I suddenly found myself seized with a most distressingly intermittent pulse, which I attributed to the gallic acid. This passed away in thirty-six hours, and on three attacks of hæmorrhage since I again used it, and with as much benefit as before, till a few weeks since, when the distressing affection of the heart again seized me, and was so severe that for four days my life was not worth an hour's purchase, the pulse being a mere thread, or none at all, to the touch; and I have now determined to have done with my old friend, and have since contented myself with aromatic sulphuric acid and alum. It is not supposed that the lung is breaking up, but that the effusion has been passive from the bronchi. All my medical friends have been converts to the power of gallic acid, and we shall be thankful to have the experience of others as to its use. I shall at the same time be glad to hear as to their experience of the use of the different drugs for inhalation. I have suffered sadly from asthma and the sequelæ of bronchitis, and from the effects of chronic bronchitis, and, on the whole, in my own case am doubtful of the benefits of inhalation generally. Carbolic acid did not suit me. The only thing that seemed really useful was naphtha. Sulphuric ether always gave temporary benefit; but I thought naphtha did something more. I fancy that I have received great benefit from the following:—Gum benzoin, three grains; myrrh, two grains; ipecacuanha, one grain; extract of hyoscyamus, three grains: made into two pills, taken three times a day. I presume the benzoin, to which I attribute *great* value, is an unusual internal medicine, and I wish to hear what our *confrères* have to say about it. My attention was first directed to it by having examined a quack preparation of great boasted efficacy as a cure for phthisis. Now I have found that this was useless in all really phthisical cases, but has done good in chronic bronchitis, and as it was evidently chiefly composed of benzoin, I was led to benzoin in my own case. The quack preparation is very elegant, and mixes with water, and therefore convenient to take. Can anyone tell me how to manipulate benzoin to this end? I do not name the quack medicine for obvious reasons.

What with pills, potions, and constant blistering, I keep life in me, and am likely to do so for some time; yet still I shall be thankful for any hints that any brother can offer to relieve my not insignificant sufferings.

I am, Sir, yours obediently,

October, 1871. F.R.C.S.

THE ROTUNDO LYING-IN HOSPITAL, DUBLIN.

WE regret that we cannot insert any more communications on this subject.

Meddy may probably gain the required information by application to 3, Craven-street, W.C.

CONTAGIOUS DISEASES.

(*From a Correspondent.*)

Contagious diseases
Some women it pleases
To choose for their hobby,
And rail at a Bobby,
When duty compels him,
As Parliament tells him,
To pounce on a lady,
Whose habits are shady,
And cause an inspection
Despite her objection,
By which, if infected,
She's promptly detected,
And placed in seclusion,
Until the conclusion
Of indisposition
Has made her condition
No longer a terror
To youth in its error.
They say it were better
To look on and let her
Spread loathsome contagion,
That so it may rage on,
And act as prevention
To vicious intention.
But physical evil,
A child of the Devil,
Was never intended
With good to be blended.
"Oh! Doctor detain her!
Oh! Guardian maintain her!
Till taint of pollution
Be lost in ablution!"
Perchance if the ladies
Whose mission and trade is
To stump on a platform
Would argue in that form,
A healthier nation
Would bless their vocation.

S. M. R., (Rochdale.)—Apply to the Secretary of the New Sydenham Society; or to Mr. Lewis, Publisher, Gower-street, London, W.C.

DISCREPANCY IN PRINT